Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080

Phone : (305)603-8791 Fax Number : (877)503-6086

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Addrace			

## FLORIDA PROFIT/NON PROFIT CORPORATION RAM TRANSPORTATION & SERVICES INC

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T. SCOTT

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Help

To:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRING	CIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
NW 31ST ST					
11, FL 331 <u>42</u>	<del></del>	<del></del> _		· · · · · · · · · · · · · · · · · · ·	
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From: Robert Fanjul

\* Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 3 of 3 09/16/2021 9:56 AM

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and Fi	REGISTERED AGENT  lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	RAINIEL MESA GONZALEZ			
Address:	2986 NW 31ST ST	·		
	MIAMI, FL 33142			
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and ac</u>	Idress of the Incorporator is:			
Name:	RAINIEL MESA GONZALEZ			
Address:	2986 NW 31ST ST			
	MIAMI, FL 33142	<del></del>		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and	. (OPTIO		
	inserted in this block does not meet the appl ffective date on the Department of State's re-		ements, this date will not be listed as	
	ned as registe <b>red agent</b> to accept service of pro amiliar with an <mark>d accept the</mark> appointment as re			
× Pm			× 09/15/2021	
	Required Signature/Registered Ager	ıt	Date	
	ument and affi <mark>rm that</mark> the facts stated herei D <mark>epartment of State c</mark> onstitutes a third degree			
X Pm			× 09/15/2021	
Required Signatu	re/Incorporator		Date	