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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: admin@AtesianoTax.com

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FLORIDA PROFIT/NON PROFIT CORPORATION

Ramos Primary Care Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

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REGISTRATION
COMMERCIAL
SERVICES

22

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Ramos Primary Care IncARTICLE II PRINCIPAL OFFICEPrincipal street address1133 Blackhawk way

Mailing address, if different is:

15715 S Dixie Hwy Ste 211Tallahassee, FL 32312Miami FL 33157ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful businessARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Alfredo Ramos, CEOName and Title: Penelope Ramos, PresidentAddress 1133 Blackhawk wayAddress: 1133 Blackhawk wayTallahassee, FL 32312Tallahassee, FL 32312

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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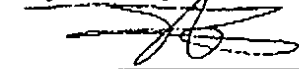
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Green Box Tax Services IncAddress: 15715 S Dixie Hwy Ste 211Miami, FL 33157**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Penelope RamosAddress: 1133 Blackhawk wayTallahassee, FL 32312**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent

07/04/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

07/04/2022

Date

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