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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: dlrnp@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
DOBLE R CORP**

Certificate of Status	1
Certified Copy	0
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August 11, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: DOBLE R CORP
REF: W22000103829

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000270853
Letter Number: 122A00017973

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE 2RAMIREZ CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFF(X))

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: OLGA LUCIA RAMIREZ M

Name (Printed or typed)

3020 MARCOS DR APT S 410

Address

AVENTURA, FL 33160

City, State & Zip

(786) 306-6870

Daytime Telephone number

gachia7070@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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<H220002708533>

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: THE 2RAMIREZ CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address3020 MARCOS DR APT S 410
AVENTURA, FL 33180

Mailing address, if different is:

3020 MARCOS DR APT S 410
AVENTURA, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000 SHARES OF US \$1.00 POR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OLGA LUCIA RAMIREZ MAddress 3020 MARCOS DR APT S 410
AVENTURA, FL 33160Name and Title: PRESIDENT

Address: _____

Name and Title: MARIA DEL PILAR RAMIREZ MAddress 3020 MARCOS DR APT S 410
AVENTURA, FL 33160Name and Title: VICE PRESIDENT

Address: _____

Name and Title: SANTIAGO GOMEZAddress 3020 MARCOS DR APT S 410
AVENTURA, FL 33160Name and Title: TREASURER

Address: _____

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Name and Title:	JUANITA SIERRA	Name and Title:	SECRETARY
Address	3020 MARCOS DR APT S 410	Address:	
	AVENTURA, FL 33160		

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OLGA LUCIA RAMIREZ M
Address: 3020 MARCOS DR APT S 410
AVENTURA, FL 33160

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/10/2022 (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

ALEXIS LAMADRID

Required Signature/Registered Agent

08/10/2022

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.

OLGA LUCIA RAMIREZ M

Required Signature/Incorporator

08/10/2022

Date

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