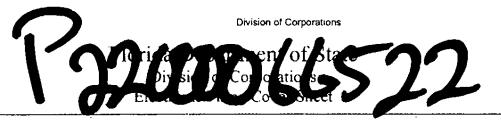
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Division of Corporations

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

S:Email Address: ANAMA.RAMOSQ@GMAIL.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Ana Ramos Inc

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
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Help

H22000288508

## ARTICLES OF INCORPORATION

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

| ARTICLE I N                   | I NAME   |                              |                         |  |
|-------------------------------|--|------------------------------|-------------------------|--|
| The name of the co            | orporation shall be:                                   | tion shall be: Ana Ramos Inc |                         |  |
| ARTICLE II I                  | PRINCIPAL OFFICE                                       |                              |                         |  |
|                               | Principal errept address                               | Mailing ad                   | dress, if different is: |  |
| 15205 Southern Winter Garden. | Martin Street  | <del></del>                  | <del></del>             |  |
| winter Garden,                | FL 34787   |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
| ARTICLE III F                 | PURPOSE which the corporation is organized is: Any Leg | gal or Lawful Purpose        |                         |  |
| The purpose for v             | which the corporation is organized is.                 |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              | *****                   |  |
|                               |  |                              |                         |  |
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|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
|                               |  |                              |                         |  |
| ARTICLE IV S                  | SHARES 1 500 at No Par Value                           |                              |                         |  |
| The number of sha             | arcs of stock is: 1,500 at No Par Value                |                              |                         |  |
|                               |  |                              |                         |  |
| ARTICLE V I                   | NITIAL OFFICERS AND/OR DIRECTORS                       |                              |                         |  |
| <b>&gt;</b> T                 | nd Title: Ana Ramos - President/Director               | Name and Title:              |                         |  |
| Name ar                       |  | Name and Title:              |                         |  |
| Address                       | 15205 Southern Martin Street                           | Address:                     |                         |  |
|                               | Winter Garden, FL 34787                                |                              |                         |  |
|                               | Willier Galden, 1 E 34767                              | <del></del>                  |                         |  |
|                               |  |                              |                         |  |
|                               |  | <del></del>                  |                         |  |
|                               |  |                              |                         |  |
| Name and                      | d Title:   | Name and Title:              |                         |  |
| Address                       |  | Address:                     | 292                     |  |
| Address                       |  | Additss.                     |                         |  |
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|                               |  | <del></del>                  | 2.22 Of 1               |  |
|                               |  |                              | 是 · 图                   |  |
| Name an                       | d Title:   | Name and Title:              | 1000                    |  |
| Name an                       | M TIME.  | . vame and 11de              | The Manager             |  |
| Address                       |  | Address:                     | . 3                     |  |
|                               |  |                              | -                       |  |
|                               |  |                              |                         |  |
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| Name an   | d Title:   | Name and Title:   |   | •    |
| Address   |  | Address:  | , <u>, , , , , , , , , , , , , , , , , , </u>                       |      |
|   |  | <u></u>   |   | _    |
|   |  |   | <u> </u>  | _    |
|   |  | <del></del>   | -   |      |
| ARTICLE VI The name and Fi                                      | REGISTERED AGENT<br>lorida street address (P.O. Box NOT acceptable   | of the registered agent is:   |   |      |
| Name:   | Ana Ramos  |   |   |      |
| Address:  | 15205 Southern Martin Street   |   |   |      |
| 7144 585  | Winter Garden, FL 34787  |   |   |      |
| The name and a  | INCURPURATUR  ddrcss of the Incorporator is:  Ana Ramos  |   |   |      |
| Name:   | 15205 Southern Martin Street   | <del></del>   |   |      |
| Address:  | Winter Garden, FL 34787  | <del></del>   |   |      |
| Effective date, if (If an effective filing.)  Note: If the date | EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific and ca c inserted in this block does not meet the applica effective date on the Department of State's reco | nnot be more than five days proble statutory filing requirements      | rior or 90 days after the   | is   |
| Having been nat<br>certificate, I am                            | med as registered agent to accept service of proce<br>familiar with and accept the appointment as regi   | ss for the above stated corporationsistered agent and agree to act in | on at the place designated in t<br>this capacity<br>August 25, 2022 | his  |
| Required Signatu  | ure/Registered Agent   |   | Date Date   | -    |
| L submit this do  | cument and affirm that the facts stated herein   | are true. I am aware that the fo                                      | ulse information submitted in                                       | па   |
| document to the   | Department of State constitutes a third degree for   | etony as provided for in s.817.15.                                    | August 25 2020  |      |
| Required Signal   | ure/Incorporator   |   | August 25, 2022   | <br> |

Note: If the date inserted in this block does not meet the applicable statut 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 certificate. I am familiar with and accept the appointment as registered ag Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. document to the Department of State constitutes a third degree felony as p Required Signature/Incorporator