

To:

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From: Alex Pina

1/25/24, 10:35 AM

**P2400006175**

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 : ALEX PINA CO.  
Account Number : 120190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION  
RAMIREZ GROUP CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: RAMIREZ GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address  
5988 Bent Pine Dr Unit 280

Orlando, FL 32822

Mailing address, if different is  
2209 Cigar Ct

Charlotte, NC 28273

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROMMY J RAMIREZ - PRESIDENT Name and Title:

Address: 2209 Cigar Ct Address:

Charlotte, NC 28273

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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CORPORATE  
SECRETARY

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Name and Title:

Name and Title:

Address

Address:

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

Name:

**Alex Pina Co.**

Address:

**8400 NW 36th St Ste 450****Doral, FL 33166****ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name:

**ROMMY J RAMIREZ**

Address:

**2209 Cigar Ct****Charlotte, NC 28273****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**01/25/2024**\_\_\_\_\_  
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 §817.155, F.S.*\_\_\_\_\_  
Required Signature/Incorporator**01/25/2024**\_\_\_\_\_  
Date

FILED  
2024 JAN 25 PM 9:33  
CLERK OF THE COURT  
STATE OF FLORIDA

FILED  
2024 JAN 25 AM 9:34  
CLERK OF DISTRICT COURT  
MIAMI, FL

## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **JUAN ALBERTO DIEZ** who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **BOATS MECHANICS CORP.**, a Florida corporation to be filed with the Florida Department of State on or about 03/10/2022.
2. The undersigned hereby consents to and authorizes the use by **BOATS MECHANICS CORP.** of the name **BOATS MECHANICS CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

JUAN ALBERTO DIEZ  
JUAN ALBERTO DIEZ

PERSONALLY appeared before me, **JUAN ALBERTO DIEZ**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 24<sup>th</sup> day of January 2024.

Diana Amador  
Notary Public Signature

