

P95000067623

TRANSMITTAL LETTER

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

700001566367
-08/22/95--01090--016
****122.50 ****122.50

SUBJECT: RAYSA D.M.E. Corp
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

RAXYS Pargus
Name (printed or typed)

1241 SW 131 Place or west
Address

Miami FL 33184
City, State & Zip

305-223-6677
Daytime Telephone number

FILED
95 AUG 31 PM 4:43
TALLAHASSEE, FLORIDA

AUG 23 1995 BSB

(6/2)

W95-17040

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 23, 1995

RAXYS PARJUS
1241 S.W. 131ST PLACE CIRCLE WEST
MIAMI, FL 33184

SUBJECT: RAYSA D.M.E. CORP.
Ref. Number: W95000017040

We have received your document for RAYSA D.M.E. CORP. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 395A00039441

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RAYSA D.M.E. Corp.

FILED
95 AUG 31 PM 4:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5928 W 20 Ave
Mialeah FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 @ 0.01

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAXYS PARJUS
5928 W 20 Ave
Mialeah FL 33016

State of FL, County of Dade
Signed before me on this 12 day
of Aug, 1995 by RAXYS
Notary Public [Signature]

Notary Public
Notary Commission No. 16, 1997
Not. 0005555

ARTICLE V INCORPORATOR(S)

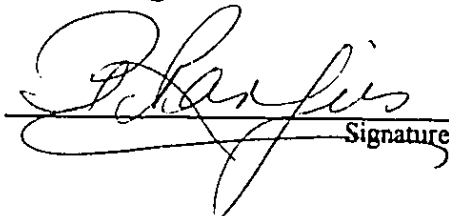
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RAXYS PARJUS - 5928 W 20 AVE
Mialeah FL 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of AUGUST, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Notary Public RL of DALE
State of FL on this 17 day
of AUG, 1995, by R. PARJUS
Notary Public RL

Notary Public
My Com. Expires 12/31/97
1106000000

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

RAYSA DME Corp.

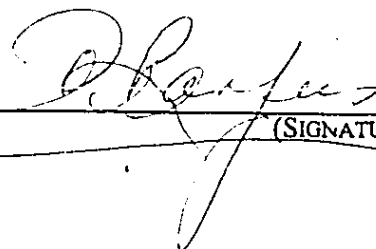
2. The name and address of the registered agent and office is:

RAYYS PARTUS
(NAME)
5928 W 20 Ave

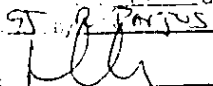
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
MIALECH FL 33016

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

8/17/95
(DATE)

RL
Notary Public

d. AUG 17 1995

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

Notary Public
Tallahassee, FL
1995

FILED
95 AUG 31 PM 4:43
TALLAHASSEE, FLORIDA

P95000067623

To: Division of Corp.
ATTN: Mrs. Pat Bailey

From: Rayssa DME Corp.
- Rayys Pagus

Ref No- P95000067623

Dear Mrs. Bailey:

Enclosed you will find a
check #1004 in the amount
of \$215.00. Please accept my
apologize for the inconvenience
of the return check #1076.

Also I would like to inform
you my new address:

* Rayssa DME Corp.
1017 S.W. 67 Avenue
Miami, Fl. 33144

Please if you have any question
do not hesitate to contact me
at (305) 362-0096.

Sincerely, Rayssa
President

updated in
4/2/96
sent blank

P95000067623

April 8, 1996

00000017723843
-047081967-01052-008
****215.00 ****215.00

REPLACEMENT FEE 1996

ANNUAL REPORT: RAYSA D.M.E. CORP.

DEBIT MEMO: # 62843-C

CHECK #: 1076

P95 000067623

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RAYSA D.M.E. CORP.
1017 S.W. 67 AVENUE
MIAMI FL 33144

11 000001 7705-0113
-1107762-00-0100-0113
***** 0000 ***** 0000

The principal/mailling address of the corporation has been updated per your request. You are required by law to notify this office of a change of registered agent and/or registered office. Please note that any change to the registered agent/registered office must either be made on your 1996 Annual Report form, provided it has not already been filed, OR on the attached registered agent/registered office change form. Please note there is a \$35 fee for filing the attached change form.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 25 AM 9:10
RECEIVED
96 APR 16 AM 10:28
DIVISION OF CORPORATIONS

TLL APR 25 1996

TLL APR 25 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1996

RAYSA D.M.E. CORP.
1017 S.W. 67TH AVENUE
MIAMI, FL 33144

SUBJECT: RAYSA D.M.E. CORP.
Ref. Number: P95000067623

We have received your document for RAYSA D.M.E. CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

On line 2 & 3, please state the name of the registered agent, instead of the corporation name.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 896A00018146

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is:

RAYSA D N E CORP

1b. The mailing address of the corporation is:

1017 S.W. 67 Avenue
Miami, FL 33144

1c. Date of incorporation:

8-31-95

Document number:

P9500067123

2. The name and address of the current registered agent and office:

RAYSA D.N.E. CORP

5928 W 20 Avenue

Hialeah, FL 33014

President
Raxys Parjus

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

RAYSA D.N.E. CORP

1017 S.W. 67 Avenue

Miami, FL 33144

President
Raxys Parjus

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or
vice chairman of the board)

RAXYS PARJUS (President)

(Printed or typed name and title)

(Date)

4/10/96

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314