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

SUBJECT: RICMAR INTERNATIONAL 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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: RICARDO E CASILIMAS
Name (Printed or typed)

15180 NW 7th Strad.

PEMbroke - F1 - 33028

City, State & Zip

(954) 450 4317.

Paytime Telephone number

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FILED

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: RICMAR INTERNATIONAL CORPORATION. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 15180 NW 7th Street Pembroke Pines. Fl. 33028 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUMBRED (500) Shorts OF ONE DOLLAR \$100. PERVALUE COMMON STOCK WICH SHALL BE DESIGNATED, "COMMON SHARES" <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u> The name and Florida street address of the initial registered agent are:
RICAROU E. CASILIMAS 15180 NW 7th. Street Pembroke F1-33028 ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: RICARDO E. CASILITAAS. 15180 NW 7th Street. Pembroke-F1.33028 Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date