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

900002487109--8 -04/13/98--01134--011 *****78.75 ******78.75

SUBJECT: RAM International Group, Inc.				
	(Proposed corpor	ate name - must include su	ittix)	
Enclosed is an origin	al 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	☐ \$131.2 Filing Fe Certified & Certifi	e, Copy
		ADDITIONAL CO	OPY REQUI	RED
FROM:	Carmen Gavilanes	inted or typed)		
6530 Cālypso Drive Address				98 APR SECRETA
	Orlando, FL 32809	State & Zip		IS PH
	(407)_851-6486	elephone number	·	3: 33

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

ARTICLES OF INCORPORATION

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:

RAM International Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6530 Calypso Drive Orlando, FL 32809

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carman Gavilanes 6530 Calypso Drive Orlando, FL 32809

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carmen Gavilanes 6530 Calypso Brive Orlando, FL 32809

Signature/Incorporator

4/9/98

Date

(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

Lamen Houles

Signature/Registered Agent

Date