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Division of Corporat	tions	X) (00003010919 .
P. O. Box 6327			-10/11/3901062-0
Tallahassee, FL 323	314		*****87.50 *****8
SUBJECT:	RAMOS TrANS, RAMOS TRANS, A (Proposed corpo	sort Inc. prate name - must include sur	ffix)
			·
		1	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a c	check for:
•		-	1/
\$70.00	\$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status PV DEOLUDED
		ADDITIONAL CO	T REQUIRED
FROM:		ios .	
	Name (P	rinted or typed)	99 ALI
	901 Brockway	AVE.	OCT F11
			= h
		. 1	E O
	ORlando, Flo	orida 32807	7 = =
	City,	State & Zip	39

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

1.4/ 1/1/05

(407) 384-7580

Daytime Telephone number

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	NA	ME

The name of the corporation shall be:

RAMOS Transport Inc.

ARTICLE II PRINCIPAL OFFICE

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

GOI BROCKWAY AVE. ORI, 41. 32807

FILED

99 OCT 11 MIII: 39

WHEATER FERRINGS

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PABLO RAMOS 901 BROCKWAY AVE. ORI. Fl. 32807

ARTICLE V INCORPORATOR

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

PABLO RAMOS GOI BROCKWAY AVE. ORI, Fl. 32807

Signature/Incorporator

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

Signature/Registered Agent

Date