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(Requestor's Name)
(Address)
, ,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Deguard Number)
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT: Rebeca F	Ramos L.L.C.			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
Rebeca F				
	O	Name of Person)		
Rebeca Ramos L.L.0	D.			
		Firm/Company)		
659 Meridian	1 Ave. Apt #17	(Address)		
		(1144,000)		
Miami	Beach, Florida 33139			
	(City)	(State and Zip Code)		
For further information of	concerning this matter, please	call:		
Rebeca Ramos		at (786) 3443315	- Es 2	
(Name	of Person)	(Area Code & Daytime To	elephone Number) LC HAR	***
Enclosed is a check for	r the following amount:		AR I	MARK MEN
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S 160.00 Filing Fee. Certificate of Status & Certified Copy. (additional copy is enclosed)	t from
	ET ADDRESS:	MAILING A Registration S		
Registration Section Division of Corporations		Division of Co	orporations	
409 E.	Gaines Street	P.O. Box 6323	7	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	: :
Rebeca Ramos L.L.C.	
	
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
_	
Principal Office Address:	Mailing Address:
659 Meridian Ave. Apt # 17 Miami Beach,	659 Meridian Ave. Apt # 17 Miami Beach,
FI, 33139	FI, 33139
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are
The name and the Florida street address of the	registered agent are.
Rebeca Ramos	
Name	3
659 Meridian Ave. Apt # 17	
Florida street ad	idress (P.O. Box NOT acceptable)
Miamí Beach, FI, 33139	
City, State,	and Zip
• • • • • • • • • • • • • • • • • • • •	
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as it. ity. I further agree to comply with the provisions of all
	erformance of my duties, and I am familiar with and
	istered agent as provided for in Chapter 608 F.S
	<u> </u>
1060	
Registered Agent	's Signature
, , ,	-

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma "MGRM" = N	Name and Address: nager Managing Member	
MGR	Rebeca Ramos 659 Meridian Ave. Apt # 17 Miami Beach, Fl 33139	
(Use attachmo	ent if necessary)	
	dditional article must be added if an effective date is requested.	
REQUIRED	SIGNATURE: Research Land	Ban ()
) . H
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	· = *
	Rebeca Ramos	
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)