L15000079878

(Requestor's Name)
(Address) .
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
RIASign Hembersign
W15-29260

Office Use Only



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04/15/15--01015--019 **160.00

15 APR 15 AM II: 28
SEURETARY OF STATE

COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ECT: <u>Ramp</u> a	rt Tech Solutions LLC. Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fcc(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Kenneth	Santo II	Name of Person	
			Firm/Company	
	<u>13923 C</u>	herry Dale Ln	Address	
	Tampa/ i	FL 33618	Sity/State and Zip Code	
.Ra	amparttechso	lutions@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Kenne	th Santo Nar	at (§	313) 4280173 Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	or the following amount:		
\$ 125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE



April 27, 2015

KENNETH SANTO II 13923 CHERRY DALE LN TAMPA, FL 33618

SUBJECT: RAMPART TECH SOLUTION LLC

Ref. Number: W15000029260

We have received your document for RAMPART TECH SOLUTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

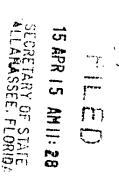
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 (850) 242-6051.

WESTLEE A PAINTER Regulatory Specialist II

Letter Number: 515A00008463



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Rampart Tech Solutions LLC.	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
g and one purchase of the principal of the	co of the billing blacking company to
Principal Office Address:	Mailing Address:
13923 Cherry Dale Ln Tampa, FL 33618	13923 Cherry Dale Ln Tampa, FL 33618
The name and the Florida street address of the registered as Kenneth Santo II Name	gent are:
13923 Cherry Dale Ln Florida street address (P.O. Box N	IOT acceptable)
Tampa	FL 33618
City	FL 33618 Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
(CONTINUE)	D).

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SECRETARY OF STAIL

fitle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Kenneth Santo II
	13923 Cherry Dale Ln
	Tampa, FL 33618
MBR	Raquel Orozco
•	13923 Cherry Dale Ln
	Tampa, FL 33618
· ·	
	·
V: Effective date, if other than the date of the date is listed, the date must be spec-	of filing: 5/1/2015 (OPTIONAL) cific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date of tive date is listed, the date must be specifiling.) CVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9
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CV: Effective date, if other than the date of the date is listed, the date must be specifiling:) CVI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or s
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling:) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a men (In accordance with section 605, constitutes an affirmation under	mber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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