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Florida Department of State
Division of Corporations
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EFFECTIVE DATE

8/25/03

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : RICARDO A. ROIG, P.A.
Account Number : I20020000054
Phone : (813) 224-0926
Fax Number : (813) 224-0946

RECEIVED
03 AUG 25 PM 12:50
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

RAMA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

8/25/03

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**ARTICLES OF ORGANIZATION
OF
RAMA HOLDINGS, LLC**

EFFECTIVE DATE
8-25-03

**ARTICLE I
NAME**

25th The name of the Limited Liability Company is RAMA HOLDINGS, LLC, effective this day of August, 2003.

**ARTICLE II
ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is 2800 Anvil Street, St. Petersburg, Florida 33710.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

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

Ricardo A. Roig, P.A.
4023 North Armenia Avenue, Suite 400
Tampa, Florida 33607

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided in Chapter 608, F.S.



Registered Agent's Signature

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**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one member or more members and is, therefore, a member-managed company.

Signature of a member or 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.)

Ricardo A. Raig, authorized representative
Typed or printed name of signee

APPROVED
AND
FILED
03 AUG 25 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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