

U03000056575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

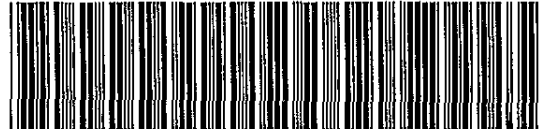
Certificates of Status 1

Special Instructions to Filing Officer:

12/17 FL LC

CL & WS

Office Use Only



500025523345

12/17/03--01026--020 **180.00

MJH

FILED

03 DEC 17 AM 11:10

NOTED
12/17/03 11:10 AM
FBI - TAMPA

David L. Ramos
8512 Thistle Avenue
Orlando, FL 32825
407-625-6175

December 14, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Formation of a Limited Liability Company

Dear Sir or Madam:

Enclosed are the completed forms to create David L. Ramos L.C., a Florida Limited Liability Company. Payment in the amount of \$ 160.00 is enclosed representing the following fees:

\$100.00 Filing Fee for Articles of Organization

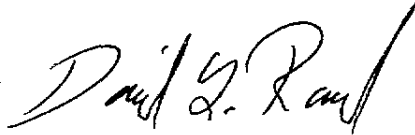
\$ 25.00 Designation of Registered Agent

\$ 30.00 for a Certified Copy

\$ 5.00 for a Certificate of Status

Should you require additional information or have any questions, please feel free to contact me.

Sincerely,



David L. Ramos
Managing Member

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David L. Ramos L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Ramos
(Name of Person)

David L. Ramos L.C.
(Firm/Company)

8512 Thistle Avenue
(Address)

Orlando, Florida 32825
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Ramos at 407 , 625-6175
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

David L. Ramos L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8512 Thistle Avenue
Orlando, Florida 32825

Mailing Address:

8512 Thistle Avenue
Orlando, Florida 32825

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David L. Ramos

Name

8512 Thistle Avenue

Florida street address (P.O. Box **NOT** acceptable)

Orlando

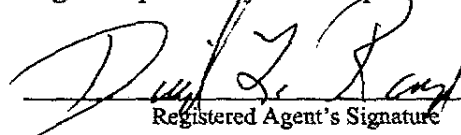
FLORIDA

32825

City, State, and Zip

FILED
03 DEC 17 AM 11:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 for in Chapter 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

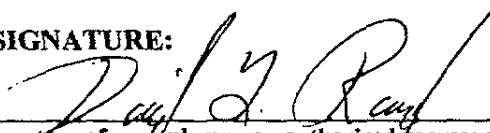
MGRM

David L. Ramos
8512 Thistle Avenue
Orlando, FL 32825

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

David L. Ramos

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)