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(Document Number)

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TALLAHASSEE, FLORIDA

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE: 101

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CORAL GABLES, FL 33134 305-444-4994

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ragos Investments, LLC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **RAGOS INVESTMENTS, LLC.**

ARTICLE II – Address:

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

15572 SW 112 TERRACE MIAMI, FL 33196

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

HEMEL RAMIREZ

Name

15572 SW 112 TERRACE

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

MIAMI, FLORIDA 33196

City, State, and Zip

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, F.S.



Registered Agent's Signature

HEMEL RAMIREZ

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

PRESIDENTE

HEMEL RAMIREZ (50%)

15572 SW 112 TERRACE
MIAMI, FL 33196

VICEPRESIDENT

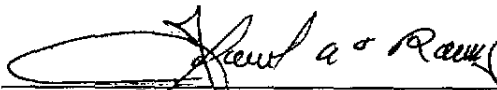
FABIO GOMEZ (50%)

384 COCONUT CIRCLE
WESTON, FL 33326

(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.)

HEMEL RAMIREZ

Typed or printed name of signee