

LD6000094184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

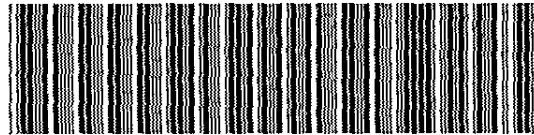
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



600079799606

09/26/06--01065--006 **125.00

RECEIVED

06 SEP 26 PM 1:57

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 SEP 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSE RAMIREZ DRYWALL
(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:

JOSE D RAMIREZ DRYWALL
(Name of Person)

(Firm/Company)

3424 Old-St Augustine Rd Lot 55
(Address)

Tallahassee FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE D RAMIREZ at (850) 212 2429
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee &
Certificate of Status

ρ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOSE D RAMIREZ DRYWALL LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC,")

ARTICLE II - Address:

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

Principal Office Address:

3424 Old St
AUGUSTINE Rd Lot 55
TALLAHASSEE FL 32311

Mailing Address:

3424 Old St
AUGUSTINE Rd Lot 55
TALLAHASSEE FL

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSE D RAMIREZ
Name

3424 Old St AUGUSTINE Rd Lot 55
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32311
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..

JOSE D RAMIREZ
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
06 SEP 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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=

JOSE D RAMIREZ
3424 OH ST AUGUSTINE RD.
101 55- TALLAHASSEE FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

JOSE D RAMIREZ

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.)

JOSE D RAMIREZ

Typed or printed name of signer

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)

FILED
06 SEP 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA