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SUFFICIENCY OF FILING

DIVISION OF CORPORATION

06 NOV -3 PH 2: 19
SECRETARY OF STATE

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FILING COVER : ACCT. #FCA-14	SHEET			
CONTACT:	TRACY SPE	AR		· 4.0 2
DATE:	<u>11/03/06</u>			TORETAN STATES
REF. #:	001260.59783	<u>3</u>		SSE SE T
CORP. NAME:	RAMIRO M	ELENDEZ, LLC		2:19 E.FLORIDI
() ARTICLES OF INCO	ORPORATION	() ARTICLES OF A	MENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/S	ERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFI	CATION	() LIMITED PART	NERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER		() WITHDRAWAL
() CERTIFICATE OF (CANCELLATION			
() OTHER:				
STATE FEES PI	REPAID WI	ТН СНЕСК# _	52563	FOR \$ <u>125.00</u>
AUTHORIZATI	ON FOR AC	CCOUNT IF TO	BE DEBITE	ED:
			_ COST LI	MIT: \$
PLEASE RETU	RN:			
() CERTIFIED COP	Y ()C	ERTIFICATE OF GO	OD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	Per s
RAMIRO MELENDEZ, LLC	
ARTICLE II - Address:	SSE
The mailing address and street address of the principal street	pal office of the Limited Liability Company is:
	0 E 19
Principal Office Address:	Mailing Address:
5740 9 STREET	5740 9 STREET
ZEPHRYHILLS, FL 33542	ZEPHRYHILLS, FL 33542
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regist	
RAMIRO MELENDEZ	
Name	-
5740 9 STREET	
Florida street address (P.O. B	Box NOT acceptable)
ZEPHRYHILLS, FL 33542	
City, State, and Zi	ip

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..

Page 1 of 2 (CONTINUED)

Registered-Agent's Signature

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Many	RAMIRO MELENDEZ	
MGRM	5740 9 STREET	
	ZEPHRYHILLS, FL 33542	
Use attachment if necessary)		
NOTE: An additional article must be added i	f an effective date is requested.	
REQUIRED SIGNATURE:		
Li- Telef		
Signature of a member or an authorized	representative of a member.	
	8(3), Florida Statutes, the execution rmation under the penalties of perjury	
RAMIRO MELENDEZ		
Typed or printed	J	

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)