

W8000038097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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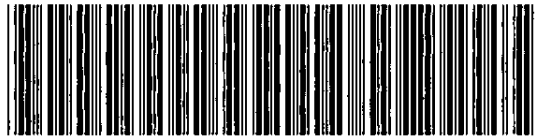
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 16 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2008

NICOLE R. RAMIREZ
259 TEMPLE LANE
BELLEAIR BUFFS, FL 33770

SUBJECT: NICOLE R. RAMIREZ, P.L.
Ref. Number: W08000015321

We have received your document for NICOLE R. RAMIREZ, P.L. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 508A00017659

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nicole R. Ramirez, P.L.

(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:

Nicole R. Ramirez, Esq.

(Name of Person)

Nicole R. Ramirez, P.L.

(Firm/Company)

259 Temple Lane

(Address)

Belleair Bluffs, Florida 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Ramirez

(Name of Person)

at (727) 733-4878

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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TALLAHASSEE, FLORIDA

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NICOLE R. RAMIREZ
ATTORNEY AND COUNSELOR AT LAW
Licensed in Florida and Louisiana
259 TEMPLE LANE
BELLEAIR BLUFFS, FLORIDA 33770-1983
TELEPHONE: (727) 798-9089
FACSIMILE: (727) 559-8494
NICOLERRAMIREZ@YAHOO.COM

April 10, 2008

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

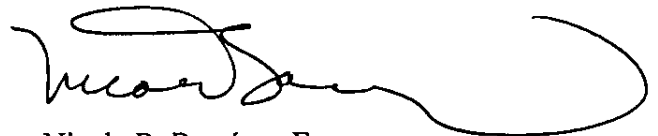
Re: Rejected Filing
Document Number: W08000015321
Nicole R. Ramirez, P.L.

To Whom It May Concern:

Pursuant to your correspondence, please find enclosed herein corrected Articles of Organization for the above Professional Limited Liability Company. The prior filing was rejected for not stating the purpose of the limited liability company which has now been included on page 2 herein.

Thank you for your attention and assistance with this matter. Please do not hesitate to contact me with any questions or if I may be of service.

Sincerely,



Nicole R. Ramirez, Esq.

Enclosures

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nicole R. Ramirez, P.L.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

259 Temple Lane

Belleair Bluffs, Florida 33770

Mailing Address:

259 Temple Lane

Belleair Bluffs, Florida 33770

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:

Nicole R. Ramirez, Esq.

Name

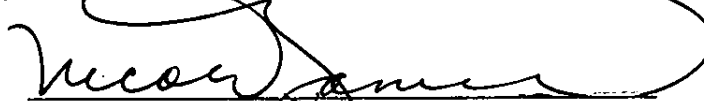
259 Temple Lane

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

Belleair Bluffs, FL 33770

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Nicole R. Ramirez

259 Temple Lane

Belleair Bluffs, Florida 33770

Limited Liability Purpose

ATTORNEY - LEGAL SERVICES

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:



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.)

Nicole R. Ramirez

Typed or printed name of signee

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)

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