

**L08000051150**

Florida Department of State  
Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850) 617-6383

From:  
 Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (212) 431-5000  
 Fax Number : (212) 431-1441

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JOMAR REALTY II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**G. MCLEOD**

**EXAMINER**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOMAR REALTY II, LLC

(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:**

**Mailing Address:**

191 Hobart Street  
Pearl River, NY 10965

191 Hobart Street  
Pearl River, NY 10965

**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:

Albino Ramirez  
Name

5201 Ocean Beach Blvd. Apt 9  
Florida street address (P.O. Box **NOT** acceptable)

Cocoa Beach FL 32931  
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)

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**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 Ramirez

5 Summit Place

Nanuet, NY 10954

MGRM

Daniel Ramirez

191 Hobart Street

Pearl River, NY 10966

MGRM

Albino Ramirez

191 Hobart Street

Pearl River, NY 10966

(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:**



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.)

**Albino Ramirez**

Typed or printed name of signor

**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)