

L10000118966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

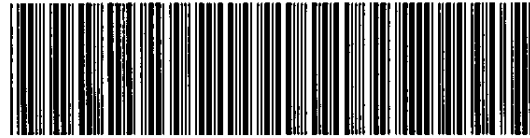
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**  
NOV 16 2010  
**EXAMINER**

Office Use Only



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**FILED**  
10 NOV 12 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Promise Tree

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:

Patricia Ramjohn

Name of Person

Promise Tree

Firm/Company

325 NW 189th Street

Address

Miami, Florida 33169

City/State and Zip Code

paulramjohn@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Ramjohn

at ( 954 ) 243-6856

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

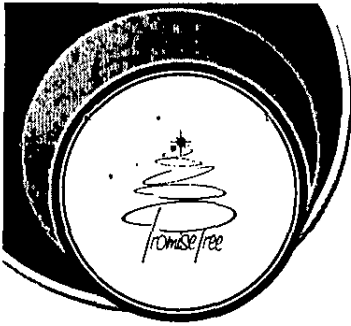
☒ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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



# PROMISE TREE

325 NW 189<sup>th</sup> STREET MIAMI, FLORIDA 33169. PHONE 954 234 6856

Promise Tree  
325 NW 189<sup>th</sup> Street  
Miami, Florida 33169

To Whom It May Concern:

Promise Tree Inc. was filed in 2009 and has not started doing business. Promise Tree Inc has been administratively dissolved by the State of Florida due to non-filing of the 2010 Annual Report. We do not wish to reinstate as a corporation and hereby request the name "Promise Tree" be released to the attached Articles of Organization for an LLC.

Sincerely,

Paul Ramjohn  
954-243-6856

Patricia Ramjohn  
954-907-8339



Subscribed and sworn before me, this \_\_\_\_\_

Subscribed and sworn before me, this 30-  
day of OCT, 2010, a Notary Public  
in and for DADE County,  
State of FLORIDA.

(Signature)

NOTARY PUBLIC

My Commission expires July 28, 2013

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Promise Tree 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:

325 NW 189th Street

Miami, Florida 33169

#### Mailing Address:

325 NW 189th Street

Miami, Florida 33169

### 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:

Paul Ramjohn

Name

5501 NW 24th Street

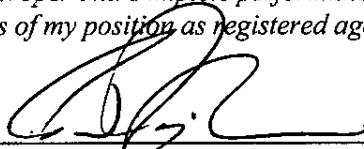
Florida street address (P.O. Box **NOT** acceptable)

Lauderhill

FL 33313

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)

**FILED**  
10 NOV 12 PM 12:19  
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

Patricia Ramjohn  
325 NW 189th Street  
Miami, Florida 33169

MGRM

Paul Ramjohn  
5501 NW 24th Street  
Lauderhill, Florida 33313

MGRM

Mark Ramjohn  
7925 Sanibel Drive  
Tamarac, Florida 33321

MGRM

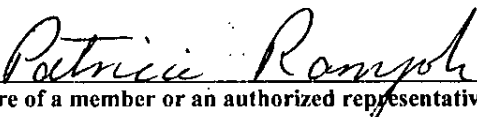
David Ramjohn  
3756 NW 205 Street  
Miami Gardens Florida 33055

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PATRICIA RAMJOHN  
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)