L10000128583

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Effective Date 01/01/11

DIVISION OF CORPORATION

T. HAWPTON

DEC 1 8 2010

EXAMINER

COVER LETTER

| то: | Registration Division of C | s Section Corporations | | |
|---------|-------------------------------|---|--|---------|
| ente i | _{ECT:} Ram | irez Krumholz LLC | • | |
| 3000 | ECT. | | ed Liability Company | - |
| The e | nclosed Articles | of Organization and fee(s) are s | submitted for filing. | |
| Please | e return all corre | espondence concerning this matte | er to the following: | |
| | Lauren | Krumholz | N. C. Davido | |
| | Domiro- | z Krumholz LLC | Name of Person | |
| | Kamilez | Z KIUIIIIOIZ LLO | Firm/Company | |
| | 2001 N. | Flagler Dr. | | |
| | | , | Address | |
| | West Pal | m Beach, FL 33407 | | |
| | | | y/State and Zip Code | |
| | ramirezki | umholzllc@gmail.com E-mail address: (to be used f | or future annual report notification) | |
| For fi | urther information | on concerning this matter, please | e call: | |
| Lau | iren Krumh | olz | at (561) 704-0004 | |
| | Nat | ne of Person | Area Code & Daytime Telephone Number | |
| Encl | osed is a check | for the following amount: | | |
| \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is | tatus & |
| | | 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 | |

November 29,2010

Division of Corporations

PO BOX 6327

Tallahassee, FL 32314

Dear Registering Agent,

My name is Lauren Krumholz, and I am applying to register a new corporation: Ramirez Krumholz LLC. I can be reached by phone at (561) 704-0004 or by mail at 2001 N. Flagler Dr., West Palm Beach, FL, 33407.

Thank you,

Lauren Krumholz

Effective Date 01/01/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | ΓI | C | L | E | I | _ | N | J | aı | m | e | |
|---|---|----|---|---|---|---|---|---|---|----|---|---|--|
|---|---|----|---|---|---|---|---|---|---|----|---|---|--|

The name of the Limited Liability Company is:

Ramirez Krumholz 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:

2001 N. Flagler Dr.

West Palm Beach, FL 33407

2001 N. Flagler Dr.
West Palm Beach, FL 33407

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:

Lauren Krumholz

Name

2001 N. Flagler Dr.

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

West Palm Beach

. 33407

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

F.S. STOREC 15 AM 89: 54

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGR | Lauren Krumholz |
| | 2001 N. Flagler Dr. |
| | West Palm Beach, FL 33407 |
| MGR | Lisa Ramirez |
| | 2001 N. Flagler Dr. |
| | West Palm Beach, FL 33407 |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) | he date of filing: <u>January</u> , <u>2011</u> . (OPTIO be specific and cannot be more than five business |
| 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.)

Lauren Krumholz

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)