

Electronic Filing Cover Sheet

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To:

Division of	Corporations
Fax Number	: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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Email Address:___

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FLORIDA LIMITED LIABILITY CO.RAM ARCHITECTURAL GROUP, LLCCertificate of Status1Certified Copy0Page Count03Estimated Charge\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAM ARCHITECTURAL GROUP, LLC. (Must end with the words "Limited Liability Company, "LL.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:	
3001 NE 189557 # 339 ANENTURA, FL 33180	3001 NE 1055 ST # 339 LECC = ANATURA, R. 33180 ARE = T	7
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another 🚆 🦷	
The name and the Florida street address of the re		
HUGO MILLAGES		
Name		
3001 NE 185.St #339 Florida street addre	ess (P.O. Box NOT acceptable)	
AVENTURA- City, State	FL 33/80	

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)

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	<u>Name and Address:</u>	
MGRM	JOSE RAMOS 8037 NW 190 TERRACE MIMMI LAKES 33010	
MER	HUGO MÍJARES 3001 NE 18957 1/3390 AVENTURA, FL 33180	
		2011 MAR
(Use attachment if necessary)	date of filing: 03.16.201 (OP	

ARTICLE V: Effective date, if other than the date of filing: 00.10.10.101 (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.)

<u>REOUIRED</u> SIGNATURE:

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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.)

HUGO MIJA 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 5.00 Certificate of Status (Optional)

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