L12000123541

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomers Line)
(Document Number)
(Boodine Hambol)
Cartified Canina Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300240013793

09/26/12--01012--013 **125.00

2012 SEP 26 AM D: 14

T. CLINE
SEP 2 7 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ramsay Holding LLC Namd 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:		
Alexander Rossin		
Name of Person		
Firm/Company		
200 172nd Street 510		
Sunny Isles, FL 33160		
247 deale amail. COM	22	
E-mail address: (to be used for future annual report notification)	2812 SEP.	مير
For further information concerning this matter, please call:	93.5 15	produce m
Alexander Rossin at 305 343-2091 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	e 33.	i de la companya de l
Enclosed is a check for the following amount:		
S125.00 Filing Fee \$\frac{1}{Certified Copy}\$ S130.00 Filing Fee \$\frac{1}{Certified Copy}\$ Certificate of Status \$\frac{1}{Certified Copy}\$ (additional copy is enclosed)	gama. Age	
Mailing Address Registration Section Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Ramsay Hold (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2179 NE 179th Street N. Miami Beach, FL 33162	200 172nd Street 510 Sunny Isles, FL 33160
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ored Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
200 172 nd S	ess (P.O. Box NOT acceptable)
Sunny Island City, State	<u>\$1</u> 33160 e, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	Mexander Rossin 2179 NE 179 13 Street N. Miami Beach, Fr. 33162
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing:
LE V: Effective date, if other the following date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	member of an authorized representative of a member.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)