

L13000151705

(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:

W13-55711

Office Use Only



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10/04/13--01007--006 **125.00

2013 OCT 25 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 28 2013
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kristina M. Ramos, MSN, ARNP-BC, LLC
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:

Kristina M. Ramos, MSN, ARNP-BC

Name of Person

Kristina M. Ramos, MSN, ARNP-BC, LLC

Firm/Company

1938 Soule Road

Address

Clearwater, FL 33759

City/State and Zip Code

kristina.ramos@gulfcoastbh.com

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

For further information concerning this matter, please call:

Kristina M. Ramos

Name of Person

at **(727) 726-7442**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 OCT 25 PM 1:00
RECEIVED
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kristina M. Ramos, MSN, ARNP-BC, 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:

1938 Soule Road
Clearwater, FL 33759

Mailing Address:

1938 Soule Road
Clearwater, FL 33759

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:

William P. Gleason

Name

5052 Roanoke Road

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

Holiday

FL 34690

City, State, and Zip

FILED
2013 OCT 25 PM 4:54
TALLAHASSEE, FLORIDA

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)

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:

MGR

Kristina M. Ramos, MSN, ARNP-BC

1938 Soule Road

Clearwater, FL 33759

MGR

Kristina U. Ramos

1938 Soule Road

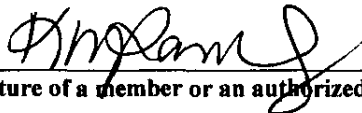
Clearwater, FL 33759

(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. 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.)

Kristina M. Ramos

Typed or printed name of signer

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

KRISTINA M. RAMOS
1938 SOULE ROAD
CLEARWATER, FL 33759

SUBJECT: KRISTINA M. RAMOS, MSN, ARNP-BC, LLC
Ref. Number: W13000055711

We have received your document for KRISTINA M. RAMOS, MSN, ARNP-BC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 113A00023499

FILED
2013 OCT 25 PM 4:54
CLERK OF STATE
TALLAHASSEE, FLORIDA