## L1500037517

(Re	equestor's Name)	<del>.</del>
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

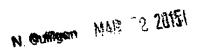
Office Use Only



000268971080

02/18/15--01002--013 \*\*130.00

2015 FEB 18 AN 11: 29 SECHELARY OF STATE TALLARIASSEE, FLORIDA



## **COVER LETTER**

Division of Corporations		
SUBJECT: Ramirez Family Investment Gro	up :	
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Christa Ramirez	Name of Person	
	Firm/Company	
3349 S Federal Highway UNIT A	Address	
Boynton Beach, FL 33435		
•	City/State and Zip Code	
ramirezchrista250@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ease call:	
Christa Ramirez at (	561 ) 573-1793 Area Code Daytime Te	lephone Number
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	ress
Registration Section	Registration Section Division of Corporat	tions
Division of Corporations P.O. Box 6327	Clifton Building	nons
Tallahassee FI 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Ramirez Family Investment Group L.L.C. (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3349 S Federal Highway UNIT A	3349 S Federal Highway UNIT A	_
Boynton Beach, FL 33435	Boynton Beach, FL 33435	
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered a  Christa Ramirez		SECTION FILE
Name		<b>三</b>
3349 S Federal Highway UNIT Florida street address (P.O. Box I		D M 11: 29 GF STATE E, FLORIDA
Boynton Beach	FL 33435	<b>多計 29</b>
City	Zip	Ţ.»
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	the appointment as registered agent and agr fall statutes relating to the proper and comp	ree to act in this plete performance

Christa Raminen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Christa Ramirez
	3349 S Federal Highway UNIT A
	Boynton Beach, FL 33435
MGR	Christa Ramirez
	3349 S Federal Highway UNIT A
	Boynton Beach, FL 33435
	<del>y</del>
•	data of filings
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the certive date is listed, the date must be if filing.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the certive date is listed, the date must be if filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation upliam aware that any false in	e specific and cannot be more than five business days prior to or 90 days afte

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)

ARTICLE IV-