

L15000085187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

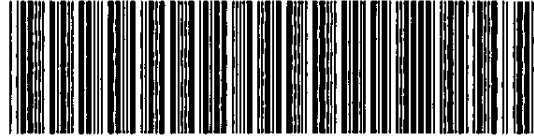
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/12/15--01023--002 \*\*160.00

W15-12219

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -5 PM 16:58

FILED

2 Burch MAY 14 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ram (Raw Athletic Muscle)  
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:

Michael Alvarez  
Name of Person

RAM (Raw Athletic Muscle)  
Firm/Company

17980 ne 31<sup>st</sup> ct Aventura Apt 1307  
Address

Aventura FL 33160  
City/State and Zip Code

Raw athletic muscle@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Alvarez at ( 954 ) 646 6816  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2015

MICHAEL ALVAREZ  
17980 NE 31ST CT APT 1307  
AVENTURA, FL 33160

SUBJECT: RAM LLC.  
Ref. Number: W15000012219

We have received your document for RAM LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 715A00003503

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAM SPORTS NUTRITION L.L.C.  
(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:

17980 ne 31st ct  
Aventura FL 33160  
APT 1307

Mailing Address:

17980 ne 31st ct  
Aventura FL 33160  
APT 1307

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:

Michael Alvarez  
Name

17980 ne 31st ct APT 1307  
Florida street address (P.O. Box NOT acceptable)

Aventura FL 33160  
City 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 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 15 PM 4:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

AMBR

MGR

Michael Alvarez  
17980 NE 31st Ct Aventura  
FL 33160 APT 1307

Austin Morell  
17980 NE 31st Ct Aventura  
FL 33160 APT 1307

Nauicio Lopez  
7937 W. Drive UNIT B North  
BAYVillage FL 33141

FILED  
15 MAY -5 PM 4:59  
TALLAHASSEE  
FLORIDA  
STATE

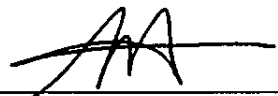
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Michael Alvarez

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)