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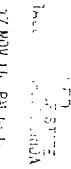
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## CORPORATE

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$\boxtimes$	FILINGLC	· · · · · · · · · · · · · · · · · · ·
-	WARD RAMOS HOLDINGS, L	LC
-	(CORPORATE NAME AND DOCUMENT#)	
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## **COVER LETTER**

	Division of Corporations		
SUBJEC		D RAMOS HOLDINGS, LLC	
301360		me of Limited Liability Company	<del></del>
The enclo	osed Articles of Organization and	fee(s) are submitted for filing.	
Please ret	turn all correspondence concernit	ng this matter to the following:	
		Marcela Armoza	
		Name of Person	
		Firm/Company	
		600 Neapolitan Way, #349,	
		Address	
		Naples FL 34103	
		City/State and Zip Code	
	E mail address (to	Katzarmoza@gmail.com  be used for future annual report notifica	tional .
For further	information concerning this man	•	uiouj
	Marcela Armoza	347 203-9576 at (	•
	Name of Person	Area Code Daytime Telepho	ne Number
Enclosed	is a check for the following amor	ग्रां:	
<b>]\$</b> 125.00 J	Filing Fee \$130.00 Filing Certificate of S		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

(Must con	tain the words "Limited	Liability Company,	"L.L.C.," or "ELC.")	
RTICLE II - Address: he mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
600 Neapolitan Way	y, #349		600 Neapolitan Way, #349	
Naples FL 34103		Nap	les FL 34103	
	•	l agent are:	You must designate an individual or	
	address of the registered	rcela Armoza Name		
ne name and the Florida street	address of the registered	l agent are: rcela Armoza Name olitan Way, #349		
	address of the registered Ma	l agent are: rcela Armoza Name olitan Way, #349		
	address of the registered  Ma  600 Near  Florida street addres	n agent are:  rcela Armoza  Name  olitan Way, #349  s (P.O. Box NOT a	cceptable)	

(CONTINUED)

IT HOW I'M PH ATTA

Title:	Name and Address:
"AMBR" ≃ Authorized Member "MGR" ~ Manager	
AMBR	Marcela Armoza
	600 Neapolitan Way, #349
	Naples FL 34103
<del></del>	
	-
	<del></del>
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)
II an effective date is listed, the date must be specific and he date of filing.)	cannot be more than five business days prior to or 90 days after
<del>-</del>	pplicable statutory filing requirements, this date will not be listed
the document's effective date on the Department of State's	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	)
January States	
Signature of a member or	an authorized representative of a member.
This document is executed in acc	ordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any false informat constitutes a third degree felony a	ion submitted in a document to the Department of State
<del>-</del>	
8188222	
MACCEC	A ARMOZA

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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