

L19000210042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 16 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FL

GEREMIA & DEMARCO, Ltd.

*Attorneys at Law
Village on Vine
620 Main Street, CU 3A
East Greenwich, RI 02818*

*Louis A. Geremia
Paul DeMarco
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(401) 885-1444*

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(401) 471-6283*

MEMO

TO: Division of Corporations

FROM: Paul DeMarco, Esquire

RE: RAM SW Florida Realty, LLC

Enclosed please find for filing
Articles of Organization along with
the filing fee of \$155.00 & an
additional copy for certification.

Please contact me with any questions.

Thank you,
Paul DeMarco

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RAM SW Florida Realty, 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:

Paul DeMarco, Esquire
Name of Person
Geremia & DeMarco, Ltd.
Firm/Company
620 Main Street, CU 3A
Address
East Greenwich, RI 02818
City/State and Zip Code
Paul@geremiademarco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAM SW Florida Realty, LLC
 (Must contain 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:Mailing Address:

7901 Innisbrook Court
Prospect, KY 40059

7901 Innisbrook Court
Prospect, KY 40059

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:

Robert A. McKay

Name

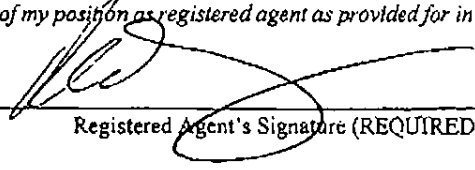
15080 Blue Bay Cir.Florida street address (P.O. Box **NOT** acceptable)Fort MyersFL33913

City

State

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Robert A. McKay

7901 Innishbrook Court
Prospect, KY 40059

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: upon 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert A. McKay

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)