

2/1/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L 20000032271

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000037233 3)))



H20000037233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (888)653-6564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@ulloacompany.com

FLORIDA LIMITED LIABILITY CO.**Ramirez Behavior Therapy LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
2020 FEB -3 AM 7:52

FILED
2020 FEB -3 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (((H20000037233 3)))

Ramirez Behavior Therapy 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:29959 SW 159 DRHomestead, FL 3303329959 SW 159 DRHomestead, FL 33033

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:

Ulloa and Company Professional Association

Name

14050 SW 84 Street, Suite 104Florida street address (P.O. Box **NOT** acceptable)MiamiFL33183

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.

02/01/2020

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 FEB -3 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

