2/1/2020

Division of Corporations

Florida Department of State

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)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : I20190000086 : (305)275-1300 Phone 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.

info@ulloacompany.com Email Address:_

FLORIDA LIMITED LIABILITY CO.

Ramirez Behavior Therapy LLC

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

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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 conatin the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
29959 SW 159 DR	29959 SW 159 DR
Homestead, FL 33033	Homestead, FL 33033
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or
Ulloa and Company Profes	sional Association
Nan	ee
14050 SW 84 Street, Suite	104
Florida street address (P.O	. Box <u>NOT</u> acceptable)

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.

State

Miami

City

Registered Agent's Signature (REQUIRED)

33183

(CONTINUED)



ARTICLE IV-

(((H20000037233 3)))

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Nersa E Castro Ramirez
71111111	29959 SW 159 DR
	Homestead, FL 33033
•	
(Use attachment if necessary)	
	ate of filing:, (OPTIONAL) specific and cannot be more than five husiness days prior to or 90 d
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