

## Florida Department of State

**L20000195de1**  
Division of Corporations  
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To:

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

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC  
Account Number : I20200000016  
Phone : (954)903-4036  
Fax Number : (954)246-0340**\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
RAGO 9295 LLC***45P  
7/10/2020*

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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H200002192683

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H20000219268

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RAGO 9295 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:1301 NE Miami Gardens Dr APT 305  
Miami, FL, 33179Mailing Address:1301 NE Miami Gardens Dr APT 305  
Miami, FL, 33179

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Nathaly Cuartas

Name

9720 Stirling Rd Suite 108Florida street address (P.O. Box **NOT** acceptable)Cooper CityFlorida33024

City

State

Zip

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TALLAHASSEE, FLORIDA

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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**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

Luis Ramirez  
1301 NE Miami Gardens Dr APT 305  
Miami, FL 33179

AMBR

Laura Ramirez  
1301 NE Miami Gardens Dr APT 305  
Miami, FL 33179

AMBR

Merv Gomez  
1301 NE Miami Gardens Dr APT 305  
Miami, FL 33179

AMBR

Luis G Ramirez  
1301 NE Miami Gardens Dr APT 305  
Miami, FL 33179

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/10/2020 (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:**

Luis Ramirez  
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.

LUIS RAMIREZ

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)

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