## L20000331607

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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10/28/20--01002--016 \*\*250.00

DIVISION OF TORI PH 4: 33

2020 OCT 27 PM 1: 05 SECRETARY OF STATE TALLAHASSEE, FL

OCT ~ o

## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

Rumm 6-local Hollings LLC
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PICK ONE:
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Amount of Documents
DATE 19/27/20 TIME
Notes:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 OCT 27 PM 1: 05

•			
ARTICLE 1 - Name: The name of the Limited Liability	•		SECRETARY OF STATE TALLAHASSEE, FL
	RAMM Global	Holdings, LC	, C
(Must conta	in the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the Li	mited Liability Company is:	
Principal Office Address:		Mailing Address:	
1555 Indian River Blu!  Sick B-113  Vie-a Beuch; FC 32960		1555 / Sut B-11	ndian Floor Blod
10-0 Beuch, FC 37960		No-a Beach,	FC 31900
	ddress of the registered agent are:	gent. You must designate an	individual or
Brian George Name			
	Florida street address (P.O. Box N	BILD SUICE OT acceptable)	3-113
	Vors Beach FC City State	<u>3,296(5)</u> Zip	
place designated in this certificate, I further agree to comply with the pro	gent and to accept service of process f hereby accept the appointment as reg visions of all statutes relating to the p gations of my position as registered a	gistered agent and agree to a groper and complete performa	ct in this capacity. I ance of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

Title;	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Cotocot City (gotal LCC		
	15TT layer Por Blad Soile Bill		
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	All ASSET		
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	<del></del>		
If an effective date is listed, the date must be she date of filing.)	te of filing:		
ARTICLE VI: Other provisions, if any.			
DECLURED SIGNATURE.			
REOUIRED SIGNATURE:	<b>っ. 1</b>		
(K)	Chel Son		
Signature of or	nember or an authorized representative of a member.		
This document is exect I am aware that any fal constitutes a third degr	uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.		
$\ell$	Typed or printed name of signee		
	Typed or printed name of signee		
	Types of princes made of signer		

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)