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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

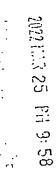
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	JEAN RAMOS ASSOCIATES, LLC
JOHOLO	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	JEAN RAMOS CESAREO
	Name of Person
	JEAN RAMOS ASSOCIATES, LLC
	Firm/Company
	7628 FORT DESOTO ST APT 303
	Address
	ORLANDO FL 32822
	City/State and Zip Code RAMOSJEAN179@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	JEAN RAMOS CESAREO 32! 946-1506
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	S130.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JEAN RAMOS ASS	OCIATES, LLC		
(Must end	with the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")
TICLE II - Address:			
e mailing address and street ac	ddress of the principal	office of the Limit	ed Liability Company is:
Princip:	al Office Address:		Mailing Address:
7628 FORT DESOTO			28 FORT DESOTO ST APT 303
ORLANDO FL 3282	2	O1	RLANDO FL 32822
TICLE III - Registered Age e Limited Liability Company	nt, Registered Office, cannot serve as its own	& Registered Agen	
	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registere	& Registered Agen Registered Agen on.)	ent's Signature:
e Limited Liability Company ther business entity with an a-	nt, Registered Office, cannot serve as its own ctive Florida registrati	& Registered Agen Registered Agen on.)	ent's Signature:
e Limited Liability Company ther business entity with an a-	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registere	& Registered Agen on.) d agent are:	ent's Signature: t. You must designate an individual o
e Limited Liability Company ther business entity with an a-	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registere	& Registered Agen on.) d agent are: SAREO Name	tent's Signature: t. You must designate an individual o
e Limited Liability Company ther business entity with an a-	nt, Registered Office, cannot serve as its own ctive Florida registration and registere JEAN RAMOS CES 7628 FORT	& Registered Agen on.) d agent are: SAREO Name	tent's Signature: t. You must designate an individual o

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)

Page I of 2

Title:		Name and Address:
	uthorized Member	
'MGR" = Ma	nager	
AMBR		JEAN RAMOS CESAREO
		7628 FORT DESOTO ST APT 303
		ORLANDO FL 31822
<u>MGR</u>		
		
		
		
V: Effective tive date is li		filing: 03/20/2022 (OPTIONAL) Tic and cannot be more than five business days prior to or 90 c
V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	date, if other than the date of sted, the date must be specif	ic and cannot be more than five husiness days prior to or 90 of t the applicable statutory filing requirements, this date will not be
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V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not mee e date on the Department of Sovisions, if any. Signature of a memb This document is executed I am aware that any false inf	er.or-an.authorized representative of a member. in accordance with section 605.0203 (1) (5), Florida Statutes. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not mee e date on the Department of Sovisions, if any. Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fol JEAN RAMOS CES.	er.or-an.authorized representative of a member. in accordance with section 605.0203 (1) (5), Florida Statutes. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not mee e date on the Department of Sovisions, if any. Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fol JEAN RAMOS CES.	er. or. an authorized representative of a member. in accordance with section 605,0203 (1) (5), Florida Statutes. formation submitted in a document to the Department of State on a provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2