

L 22 000 412934
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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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 : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****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@yourdreamms.com

FLORIDA LIMITED LIABILITY CO.
RAMAR D' LEUXE LLC

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

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RAMAR D' LEUXE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN SEBASTIAN EZQUIVEL BALDAZO

Name of Person

Edwin Ezquivel

Firm/Company

2800 WESTON RD

Address

WESTON FL 33331

City/State and Zip Code

LASURECOMPANNY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN EZQUIVEL

786

3288977

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

☐ \$155.00 Filing Fee &

☐ \$160.00 Filing Fee.

Certificate

Certificate of Status

Certified Copy

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

Page Count

Estimated Charge

Mailing Address

Street Address

New Filing Section

New Filing Section Division

Division of Corporations

The Centre of Tallahassee

P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (((F220003290693)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAMAR D' LEUXE 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:

2800 WESTON RD

WESTON FL 33331

2800 WESTON RD

WESTON FL 33331

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:

YOUR DREAM MULTISERVICES CORP

N/A

8300 NW 53 RD ST SUITE 350

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

33166

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 ~~his~~ 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~~ Chapter 605, FS.

Person: Isamar Torres
 Name: Isamar Torres
 Registered Agent's Signature (REQUIRED)
 Fee: \$130.00
 (CONTINUED)
 Private Charge: 5.00
 Mailing Address: 2415 N. Monroe Street, Suite 350
Altamonte, FL 32714

P.O. Box 6327
 Altamonte, FL 32714

2415 N. Monroe Street, Suite 350
 Altamonte, FL 32714

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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

AMBR

EDWIN S EZQUIVEL BALDAZO

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (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:

Edwin S Ezquivel Baldazo

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.

EDWIN S EZQUIVEL BALDAZO

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)

\$125.00 Filing Fee

\$ 30.00 Certified Copy

\$ 5.00 Certificate of Status

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