

Oct. 12. 2013 5:31PM

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H230003565183))



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To:

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Fax Number : (850)617-6381

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Account Name : ATESIANO TAX SERVICES
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CORPORATIONS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Penelopechpa@gmail.com

**FLORIDA LIMITED LIABILITY CO.
RAMOS HEALTH SERVICES LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 14 |
| Estimated Charge | \$125.00 |



October 12, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: RAMOS HEALTH SERVICES LLC
REF: W23000140620

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000019762.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H23000356518
Letter Number: 523A00023705

230003565103-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAMOS PRIMARY HEALTH 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:1133 BLACKHAWK WAYSAMETALLAHASSEE, FL 32312

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:

Green Box Tax Services Inc

Name

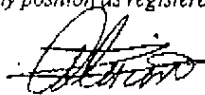
15715 S Dixie Hwy Ste 211Florida street address (P.O. Box NOT acceptable)MiamiFL33157

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 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:

MGR

PENELOPE RAMOS
1133 BLACKHAWK WAY
TALLAHASSEE, FL 32312

(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.

The purpose of the limited liability company is to engage in any lawful activity for which a limited liability company may be organized in this state.

REQUIRED SIGNATURE:

Penelope Ramos

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.

PENELOPE RAMOS

Typed or printed name of signee