

RECEIVED

2023 NOV 20 PM 1:39

FACSIMILE  
TRANSMISSION

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000520566**

**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.

(((H23000400039 3)))



H230004000393ABC

**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 : TAX COUNSEL, PLLC  
Account Number : I20210000011  
Phone : (305)907-5540  
Fax Number : (305)907-5437

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: andrea@taxcnsi.com

**FLORIDA LIMITED LIABILITY CO.  
RAMIREZ ROJAS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

NOV 20 4:53

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000400039 3)))

**ARTICLES OF ORGANIZATION  
OF  
RAMIREZ ROJAS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is RAMIREZ ROJAS, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

Mailing Address:

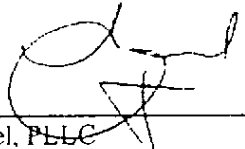
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENTS SIGNATURE**

The name and the Florida street address of the registered agent are:

Tax Counsel, PLLC  
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

*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.*

  
\_\_\_\_\_  
Tax Counsel, PLLC

By Andrea Aguilar, Authorized Representative

**ARTICLE IV - MANAGERS OR MEMBERS**

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

((H23000400039 3)))

Title:

"MGR" = Manager

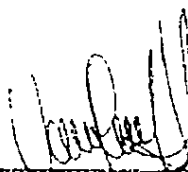
"AMBR" = Authorized Member

MGR

Name and Address:

Yady Vanexa Rojas Hernandez  
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

REQUIRED SIGNATURE:



\_\_\_\_\_  
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.317.155, F.S.

Yady Vanexa Rojas Hernandez

\_\_\_\_\_  
Typed or printed name of signer

((H23000400039 3)))