# L24000281721

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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### **COVER LETTER**

TO: New Filing Section

Tallahassee, FL 32314

P.O. Box 6327

Division of C	Corporations			
SUBJECT: Ramael	Consulting & Services L	.LC		
		sulting Florida Lim	ited Cor	mpany)
The enclosed Article Business Entity* into	es of Conversion, Artic o a "Florida Limited L	des of Organizatiability Compan	ion, ar y'' in a	nd fees are submitted to convert an "Othe recordance with s. 605,1045, F.S.
Please return all corn	espondence concernir	ng this matter to:		
Redjino Mompremier				
	(Contact Person)		_	
	(Firm/Company)		_	
11582 SW Village Pkv	vy, #1246		_	
	(Address)			
Port Saint Lucie, FL. 3	4987			
	City, State and Zip Code)		_	
consulting@ramaelser	vices.com			
E-mail Address; (to b	oe used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Redjino Mompremier		_at ( <u></u>	,287-3	3594
(Name of Conta	act Person)		_)	time Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop	Fees by	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add				Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations		
D.O. D. Zoon		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida

Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Ramael Consulting & Services LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
July 26, 2023 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ramael Consulting & Services LLC
(Enter Name of Florida Limited Liability Company)
June 6, 2024 4. If not effective on the date of filing, enter the effective date:
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

5. The plan of conversion has been approved in accordance with all applicable statutes.

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

<u> </u>		2024 .	
Signature of Auth	iorized Representative	of Limited Liability Company:	
Signatura of Aptho	prized Representative: _		
Printed Name: Redi	ino Mompremier	Title: Owner	
		/	
Signature(s) on be	half of Other Business F	ntity:  See below for required signatu	re(s)
Signature:	111	1	
Printed Name: Redj	ino Mompremier 0	Title: Owner	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
		77.4	
Printed Name:		Title:	
Signature			
Printed Name:		Title:	
<u>lf Florida Corpora</u>	ition:		
Signature of Chairn	nan, Vice Chairman, Direc	nor, or Officer.	
f Directors or Offic	ers have not been selected	J. an Incorporator must sign.	

<u>If Florida Limited Partnership or Limited Liability Limited Partnership:</u> Signatures of <u>ALL</u> General Partners.

\$25.00

\$125.00

\$30.00 (Optional)

All others:

Fees:

Signature of an authorized person.

Certified Copy:

Cartificate of Stat

Articles of Conversion:

Fees for Florida Articles of Organization:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	-	N	a	m	e
The name c	ı t	t la	1,1	1	in	١i

The name of the Limited Liability Company is:

Ramael Consulting & Services 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:		
11582 SW Village Pkwy, #1246	11582 SW Village Pkwy, #1246		
Port Saint Lucie, FL, 34987	Port Saint Lucie. FL. 34987		

## 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:

Rosemain Mompremier	<b>2024</b> 2411	
N	lame	
11582 SW Village Pkwy,	<del></del>	1850 N. 13
Florida street address (	P.O. Box <u>NOT</u> acceptable)	्रिंड च्या 🗓
Port Saint Lucie	<sub>FL</sub> 34987	
City	Zip	23

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 Agen's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Redjino Mompremier
	11582 SW Village Pkwy, #1246
	Port Saint Lucie, FL, 34987
AMBR	Rosemain Mompremier
	11582 SW Village Pkwy, #1042
	Port Saint Lucie, FL, 34987
	<del></del> _
(Use attachment if necessary)	
N EN COL	
CLE V: Other provisions, if any.	
top-quality products, research, and services	s centered on customer satisfaction.

**ARTIC** 

Provide

Support personal and institutional decision-making by leveraging relevant field historical and current data

#### **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.817,155, F.S.

Redjino Mompremier

Typed or printed name of signee