

Florida Department of State

Division of Corporations

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : MANRIQUE GROUP INC  
Account Number : I20230000155  
Phone : (305)794-3714  
Fax Number : (754)755-3388

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

Email Address: Manriquegroupinc@gmail.com

FLORIDA LIMITED LIABILITY CO.  
RAMIREZ SERVICES ONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 AUG 12 PM 1:20  
RECEIVED  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:

RAMIREZ SERVICES ONE LLC

**Article II**

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

7610 DICKENS AVE APT 2  
MIAMI BEACH FL 33141

The mailing address of the Limited Liability Company is:

7610 DICKENS AVE APT 2  
MIAMI BEACH, FL. 33141

**Article III**

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

VALENTINA RAMIREZ - AMBR  
7610 DICKENS AVE APT 2  
MIAMI BEACH, FL. 33141

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.

Registered Agent Signature: *Valentina Ramirez*

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
VALENTINA RAMIREZ - AMBR  
7610 DICKENS AVE AVE APT 2  
MIAMI BEACH, FL 33141

#### **Article V**

The effective date for this Limited Liability Company shall be:

08/12/2024

Signature of member or an authorized representative

Electronic Signature: *Valentina Ramirez*

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.