

LO7000060044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

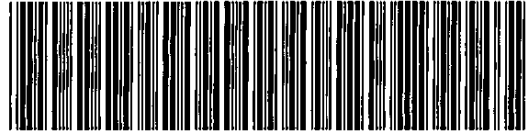
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Donna <sup>GAVE</sup>  
AUTHORIZATION BY PHONE TO  
CORRECT Art V  
DATE 6/7/07  
DOC. EXAM. \_\_\_\_\_

Office Use Only



500102691945

05/29/07--01044--033 \*\*185.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$16000

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1 DREAMS SAN, 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:

DONNA PENNA  
(Name of Person)

1 DREAMS SAN, LLC  
(Firm/Company)

370 CENTERPOINTE CIR, STE 1184  
(Address)

ALTAMONTE SPRINGS, FL 32701  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA PENNA at (407) 830 4248  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Pd \$185  
Refund due \$25.00  
see attached.*

TO: COMPANY  
NAME



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2007

DONNA PENNA  
370 CENTERPOINTE CIRCLE  
SUITE 1154  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: J DREAMS SAN, LLC  
Ref. Number: W07000025729

We have received your document for J DREAMS SAN, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Corporation is not an active entity it has to be active to convert. (see prnout).

Please return 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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 207A00037117

*CXC IPC filing  
filing uc attached.*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

I DREAMS SAN LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

102 EAST FIRST ST.  
JANFOLD, FL 32771

**Mailing Address:**

370 CENTERPOINTE CIR  
SUITE 1154  
ALTAMONTE SPRINGS, FL  
32701

**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:

DANIEL J. VOCCIA II  
Name  
2115 KILIMAJARO CT  
Florida street address (P.O. Box **NOT** acceptable)  
APPOKA, FL 32712  
City, State, and Zip

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*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 608, F.S.,*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

RICHARD A. PIZZUTI  
5380 DEEPWOODS, RT  
SANFORD, FL 32771

MGRM

SHARON L. PIZZUTI  
5380 DEEPWOODS CT  
SANFORD, FL 32771

MGR

ZACHARY PEERY  
3087 PIGEON COVE ST  
DELTONA, FL 32748

(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.)**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RICHARD A. PIZZUTI

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)**

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