

LO7000060044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

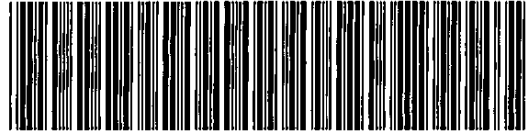
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Donna ^{GAVE}
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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07 JUN -7 AM 9:46
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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TALLAHASSEE, FLORIDA

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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