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l.	DREAMFUND INVEST	ORS, LLC		
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SPECIAL	INSTRUCTIONS:			

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: DreamFund Investors, 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:
Stephen Sandler
Name of Person
DreamFund Investors, LLC.
Firm/Company
30 Boston Post Road
Address
Wayland, MA 01778
City/State and Zip Code
ssandler@vmark.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Sandler at 617 510-5251 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Ulling Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clufton BuildingTallahassee, FL 323142664 Executive Center CircleTallahassee, LL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
DRIAM Fund Investors, LLC (Must end with the words "Limited Liability Company, "L.L.C." or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
C/o Stephen Sandler 30 Boston Post Rd Wayland, HA 01778 Wayland, HA 01778
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: Copporate Access, Inc. Name
236 E. 6th Ave. Phyrida street address (P.O. Box NOT acceptable)
TAMPHASSEE FL 32303 City Zip
Having been named us registered agent and to accept service of process for the above stated limited hability company of 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 Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2 PM 12: L

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Stephan Sandler 30 Boston Post Road Wayland, HA 01778	
(Use attachment if necessary)		
te of filing.) CLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90	~ ~ ¢
		*** ** *******************************
REQUIRED SIGNATURE:		
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the lam gware that any false information to the lam gware that any false information the lam gware that any false information the lam gware that any gware that	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
Signature of a member (In accordance with section 605.02 constitutes are affirmation under the lam aware that any false information constitutes a third degree felony at the constitutes of the lam are the lam ar	203 (1) (b), Florida Statutes, the execution of this document he penaltics of perjury that the facts stated herein are true, ation submitted in a document to the Department of State	

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