

L20000030059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

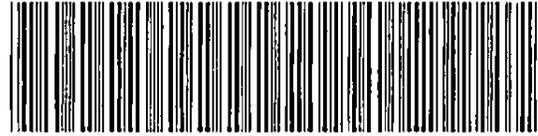
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/30/20--01005--016 **130.00

20 JAN 30 AM 11:19

2020 JAN 30 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J.L. ED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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WALK IN

PICK UP: 01/30/2020

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** CERTIFICATE OF STATUS _____
- FILING** _____

1. **THE TRAVEL DREAMERS LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: THE TRAVEL DREAMERS 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:

HECTOR M GUTIERREZ
Name of Person

THE TRAVEL DREAMERS LLC
Firm/Company

17516 SW 33RD CT
Address

MIRAMAR FL 33029
City/State and Zip Code

ADA@BRAVOACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADA F BRAVO 954 963-8771
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TRAVEL DREAMERS 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:

17516 SW 33RD CT

MIRAMAR FL 33029

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:

HECTOR M GUTIERREZ

Name

17516 SW 33RD CT

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

FL

33029

City

State

Zip

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.

Hector M Gutierrez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

HECTOR M GUTIERREZ
17516 SW 33RD CT
MIRAMAR FL 33029

MGR

HECTOR M GUTIERREZ
17516 SW 33RD CT
MIRAMAR FL 33029

AMBR

CLAURIA A GUTIERREZ
17516 SW 33RD CT
MIRAMAR FL 33029

MGR

CLAUDIA A GUTIERREZ
17516 SW 33RD CT
MIRAMAR FL 33029

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Hector M Gutierrez

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.

HECTOR M GUTIERREZ
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)

2023 JAN 30 PM 4
STATE OF FLORIDA
DEPARTMENT OF STATE