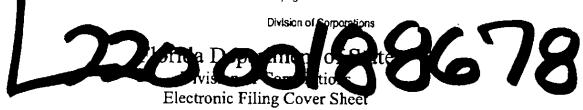
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(((H22000161922 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

DREM FL LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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D. O'KEEFE Help

MAY - 9 2022

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May 5, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTKIT CORP

SUBJECT: DREM LLC REF: W22000059103

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P14000044800.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE

FAX Aud. #: H22000161922 Regulatory Specialist II Letter Number: 922A00010520

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
DREM FL LL	۷_		
(Must con	tain the words "Lin	nited Liability Compa	ny, "L.L.C.," or "LL.C.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the princ	ipal office of the Limi	ited Liability Company is:
Princip	al Office Address	<u>;</u> :	Mailing Address:
2155 Coral Way		2	155 Coral Wav
Miami FL 33145		<u>N</u>	4iami, FL 33145
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its active Florida regis address of the regi	s own Registered Agei stration.) stered agent are:	gent's Signature: nt. You must designate an individual or
	Agent Trustee S		
		Name	
	2155 Coral Way	v	
	Florida street a	ddress (P.O. Box <u>NO</u>	(acceptable)
	Miemi	kii	73145

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..

State

Zip

City

Alejandro Molisri
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY -6 PM 12: 03

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Aleiandro Molieri
	2155 Coral Way
	Miami FL 33145
AMBR	JLMJ Worldwide Investments LLC
	Suites 5 & 6 Horsford's Business Centre.
	Long Point Road, Charlestown, Nevis
(Use attachment if necessary) E.V: Effective date if other than the date	m of filing:
JEV: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department	e of filing: (OPTIONAL) Decific and cannot be more than five business days prior to or 90 day. The applicable statutory filing requirements, this date will not be less of State's records.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
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