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D BRUCE JUL 2 1 2018 TO: Registra

Registration Section
Division of Corporations

DREAM STREAM HOLDINGS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Abraham	Moroc	lomi
		Name of Person

DREAM STREAM HOLDINGS, LLC

Firm/Company

204 E. 2nd Ave. #824

Address

San Mateo, CA 94401

City/State and Zip Code

dreamstreamllcca@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abraham Morodomi

,650

777-7312

Name of Contact Person

Ama Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Cir

2661 Executive Center Circle Tallahassee, FL 32301

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

☑ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		ted Liability Company," "L.L.C.," or "LLC."	
Baname unavadable, enter alternate r	ame adopted for the purpose of transacting business in F	Forida. The atternate name must include "Limited Lie	ibility Company," "L.L.C," or "LLC")
Nevada	hich foreign lunited hability company is organized)	3.	ber, if applicable)
(Jurisdiction under the law of w	nich foreign lumited frantity company is organized)	(r.r.)	юет, п аррисаоле <i>)</i>
4. <u> </u>			
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter-	to registration) mine penalty liability)	
_{5.} 4730 S. Fort Apach	e Road	6. 204 E. 2nd Avenue #82	24
(Street Address of	rencipal Office)	(Mailing Ad	_ •
Suite 300		San Mateo, CA 944	JI
Las Vegas, NV 891	47-7947		 =
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STI	E 150A	, .1
	Tampa	Florida <u>33607</u>	
Registered agent's accer	(Cny)	(Хір со	de)
to comply with the provis	ions of all statutes relative to the prope s of my position as registered agent.		
to comply with the provis	ions of all statutes relative to the prope	er and complete performance of my	
to comply with the provis and accept the obligation	ions of all statutes relative to the prope s of my position as registered agent.	er and complete performance of my	t in this capacity. I further ago duties, and I am familiar with ————————————————————————————————————
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the propers of my position as registered agent. But the (Registered agent acity and address of the person(s) who Name and Address:	er and complete performance of my 's signature) has/have authority to manage is/are:	duties, and I am familiar with
to comply with the provis and accept the obligation 8. The name, title or cap	ions of all statutes relative to the propers of my position as registered agent. Registered agent	er and complete performance of my 's signature) has/have authority to manage is/are:	duties, and I am familiar with
to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the propers of my position as registered agent. But here (Registered agent) acity and address of the person(s) who Name and Address: Abraham Morodomi 824 Ocean View Ave	er and complete performance of my 's signature) has/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: Manager	ions of all statutes relative to the propers of my position as registered agent. But here (Registered agent acity and address of the person(s) who Name and Address: Abraham Morodomi 824 Ocean View Ave. Sen Matico. CA 94401-3140 Gabriel Tao	er and complete performance of my 's signature) has/have authority to manage is/are:	duties, and I am familiar with
o comply with the provisual accept the obligation 8. The name, title or cap Title or Capacity: Manager Manager	(Registered agent. But here (Registered agent) (Registered agen	er and complete performance of my 's signature) has/have authority to manage is/are:	duties, and I am familiar with
to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: Manager (Use attachments if neces gurisdiction under the law	(Registered agent. But Marie (Registered agent. (Registered agent acity and address of the person(s) who Name and Address: Abraham Morodomi 824 Ocean View Ave Sen Mateo. CA 94401-3140 Gabriel Tao 824 Ocean View Ave Sen Mateo. CA 94401-3140 scary) c of existence, no more than 90 days old of which it is organized. (If the certific	's signature) has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official h	Name and Address:
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces jurisdiction under the law of the translator must be s	(Registered agent) (Regis	that is in a foreign language, a translathird degree felony as provided for in	Name and Address: aving custody of records in the tion of the certificate under out
8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces jurisdiction under the law of the translator must be s	(Registered agent) (Regis	is signature) has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official hate is in a foreign language, a translate of (1) (b). Florida Statutes, I am away	Name and Address: aving custody of records in the tion of the certificate under out

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DREAM STREAM HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 7, 2018, and is in good standing in this state.

OF THE STATE OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 17, 2018.

Ballara K. Cagaiste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180417-1226