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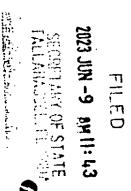
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	DREAM DROP HOMES, LLC						
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning this matter	to the following:					
	Vanessa Marquez						
	Name of Person						
	NCH Registered Agent						
		Firm/Company					
	4730 S. Fort Apache Rd. #300						
Address							
Las Vegas. NV 89147							
	City/State and Zip Code						
jennifer.ka.cook@gmail.com							
	E-mail address: (to b	be used for future annual report notification)					
For fur	ther information concerning this matter, please ea	all:					
JENNIFER COOK		256 497-6550 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate					

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DREAM DROP HOME	ES, LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Com	pany," "L.L.C.," or	"LLC.")			
(If name unavailable oner alternate a	ame adopted for the purpose of transacting business in Flo	reula. The atterns	te name must include	"Limited Liabilu	ty Company " "I.	I. C " or "[.L.	: - 1
	and adopted for the purpose of nativacting outsitess in a re-	rica. The ancita	ne man memor	Little Eller	, , , , , , , , , , , , , , , , , , ,	Dic, or Dis	,
Wyoming 2.		3					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)			(FEI number, if	applicable)		
4.							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration.) ne penalty liabilit	y)				
22250 Howard Street		222	50 Howard Stre				
5. (Street Address of Principal Office)		6	(Mailing Address)				
Athens, AL 35613		Athe	ens, AL 35613				
				i ·			9
				}-i	- 6	<u> </u>	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	otable)			E 71	
			ŕ	**	· 梦镜,	ا و	
N	NCH Registered Agent			1.			
Name:				.*		=	
Office Address:	390 North Orange Ave., Stc.2300-N					D 11: 43	
	Orlando		328	301	8		
	(City)		Florida	Zip code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vanesson Margaret ages General of

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: JENNIFER COOK	□Manager	Name:
□Member	Address: 22250 Howard Street	□Member	Address:
□Authorized	Athens, AL 35613	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	 	Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Signature of an authorized person

JENNIFER COOK

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

DREAM DROP HOMES, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 24, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001274197**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2023 at 10:55 AM. This certificate is assigned ID Number 061816419.

Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.