

L07000065733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

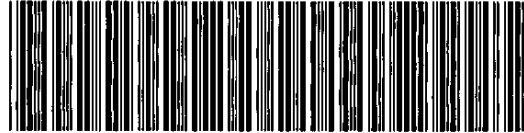
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



900104330699

06/22/07--01030--011 \*\*155.00

FILED

07 JUN 22 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN 22 AM 11:20

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**FILED**  
07 JUN 22 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ELEVEN DREAM, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
ELEVEN DREAM, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

ELEVEN DREAM, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the Principal Office of the Limited Limited Company is:


11337 N.W. 69th Street  
Doral, Florida 33178

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent is:

OSCAR RONDON MENDEZ  
11337 N.W. 69th Street  
Doral, Florida 33178

Having been named as registered agent 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 of registered agent as provided for in Chapter 608.F.S.

  
Oscar Rondon Mendez

FILED  
07 JUN 22 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


Eleven Dream, LLC

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The names and addresses of the managers are as follows:

TITLE	NAME AND ADDRESS
Manager	Oscar Rondon Mendez 11337 N.W. 69th Street Doral, Florida 33178
Manager	Sofia L. Fernandez Martinez 11337 N.W. 69th Street Doral, Florida 33178

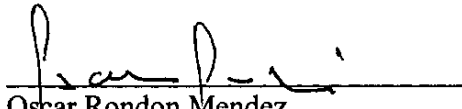
REQUIRED SIGNATURE:

  
Oscar Rondon Mendez

REQUIRED SIGNATURE:

  
Sofia L. Fernandez Martinez

(In accordance with Section 608.408 (3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated therein are true.)

  
Oscar Rondon Mendez

  
Sofia L. Fernandez Martinez