

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : MILLIKEN P.C.
Account Number : I19990000078
Phone : (800) 669-9805
Fax Number : (888) 480-9715

LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is ALLDREAM PROPERTIES, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

18161 HERON WALK DRIVE, TAMPA, FL 33647-

ARTICLE III

The period of duration for the Limited Liability Company shall be January 1, 2071.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

✓ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

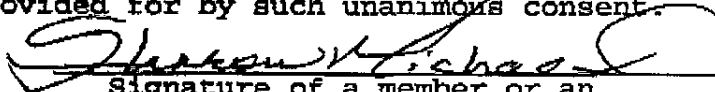
WEVEST LLC, 18161 HERON WALK DRIVE, TAMPA, FL, 33647- CHRIS
OSMON, 518 SUSAN DR., LAKE LAND, FL, 33803

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.


Signature of a member or an
authorized representative of a member

Prepared By: Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018
SHARON MICHAEL

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ALLDREAM PROPERTIES, LLC

2. The name and the Florida street address of the registered agent are:

WEVEST, LLC
18161 HERON WALK DRIVE
TAMPA, FL 33647-

Florida street address (P. O. Box NOT ACCEPTABLE)

FL
CITY, STATE AND 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.

WEVEST, LLC

By: [Signature]
ALBERTA. P. BLAND SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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