Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

: BUSINESS FILINGS Account Name

Account Number : 105256001620 : (608)827-5300 Phone

: (608)827-5501 Fax Number

LIMITED LIABILITY COMPANY

Dream Technologies LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FAX AUDIT # 402000562288

ARTICLES OF ORGANIZATION OF Dream Technologies LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Dream Technologies LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 8011 SW 97th Ave., Miami, Florida 33173.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Alexandra Vizcarra, 8011 SW 97th Ave., Miami, Florida 33173. Located in the County of Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V

MANAGERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:

Alexandra Vizcarra, 8011 SW 97th Ave., Miami, Florida 33173

Richard Oster, Vice President Business Filings Incorporated Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717 (608) 827-5300

FAX AUDIT # 102000 56 2288

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Dream Technologies LLC

The name and address of the registered agent and office is Alexandra Vizcarra, 8011 SW 97th Ave., Miami, Florida 33173. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature: Signature: Alexandra Vizcaria

Date: March 5, 2002

SECRETARY OF STATE
TALLAHASSEE FLORID

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