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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 16 PM 4:00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAMSCAPE OF TALLAHASSEE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Belkowitz
(Name of Person)

DREAMSCAPE OF TALLAHASSEE, LLC
(Firm/Company)

11801 NAWAN DR
(Address)

TALLAHASSEE FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Belkowitz at (850) 551-2275
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAMSCAPE OF TALLAHASSEE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11801 MAHAN DR

SAME

TALLAHASSEE FL 32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mrs BECKOWITZ
Name

11801 MAHAN DR
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FLORIDA 32309
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 as provided for in Chapter 608, Florida Statutes..

[Signature]
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MATT BECKOWITZ
11801 MAHAN DR
TAMMESAEE FL 32309

MGRM

KAROL BECKOWITZ
11801 MAHAN DR
TAMMESAEE FL 32309

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Matt Beckowitz

Signature of a member or an authorized representative of a member.

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

MATT BECKOWITZ

Typed or printed name of signee

04 MAR 16 PM 4:01

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DIVISION OF CORPORATIONS

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)