

L040000056869

200 JUL 30 A 17

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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07/19/04--01052--008 \*\*100.00

07/19/04--01052--007 \*\*25.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

20 JUL 30 A 9 17  
SECRETARY OF STATE

July 22, 2004

MARIO I ROSALES  
2040 NW 99 WAY  
SUNRISE, FL 33322

SUBJECT: LIFE & DREAMS, LLC  
Ref. Number: W04000028111

We have received your document for LIFE & DREAMS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 104A00046388

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Life & Dreams, 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:

Mario I Rosales  
(Name of Person)

Life & Dreams, LLC  
(Firm/Company)

2040 NW 99 Way  
(Address)

Sunrise, Florida 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mario I Rosales at ( 954 ) 572 9755  
(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

**FILED**

2001 JUL 30 A 9:

STATE OF FLORIDA  
TALLAHASSEE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Life & Dreams, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2040 NW 99 Way, Sunrise, FL 33322

**Mailing Address:**

2040 NW 99 Way, Sunrise, FL 33322

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

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

Mario I Rosales

Name

2040 NW 99 Way

Florida street address (P.O. Box **NOT** acceptable)

Sunrise, Florida, 33322

FLORIDA

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..*



Registered Agent's Signature

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

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

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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JUL 31 1997

MGR

Mario I Rosales

2040 NW 99 Way

Sunrise, Florida 33322

MGR

Lina M Sarmiento

2040 NW 99 Way

Sunrise, Florida 33322

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



**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.)

Mario I Rosales

Typed or printed name of signee

**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)**