

W4000009832

(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:

9/20

FLC

Office Use Only



600040993336

09/20/04--01052--011 **125.00

MIT

FILED

04 SEP 20 PM 4:04

STATE OF FLORIDA
TALLAHASSEE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams 2 Reality 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:

Samantha A. Stuart
(Name of Person)

Dreams 2 Reality LLC
(Firm/Company)

2704 S.E. 12th Place
(Address)

Cape Coral, Florida 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Stuart at (239) 574-9938
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dreams 2 Reality 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:

2704 S.E. 12th Place
Cape Coral, Florida 33904

2704 S.E. 12th Place
Cape Coral, Florida 33904

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

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

Samantha A. Stuart
Name

2704 S.E. 12th Place
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FLORIDA 33904
City, State, and Zip

FILED
04 SEP 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Samantha A. Stuart
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John Kimbrell
1743 Cypress Drive
Ft. Myers, Florida 33907

(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.)

JOHN KIMBRELL

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)