

L04000077551

2004 OCT 25 P 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

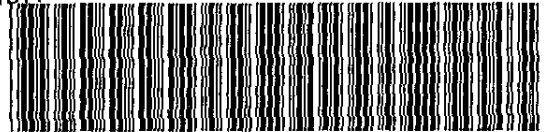
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



100041771911

10/25/04--01053--030 **125.00

MICHAEL N. GOMES
PROFESSIONAL ASSOCIATION
ATTORNEY AND COUNSELOR AT LAW

2004 OCT 25 P. 2: 11

TEL (954) 942-0910

FAX (954) 941-3923

SUITE 210 • WASHINGTON MUTUAL BUILDING
2401 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FLORIDA 33062-5200

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Email gomeslaw@aol.com
Website www.lawyers.com/gomeslaw

October 22, 2004

VIA FEDERAL EXPRESS

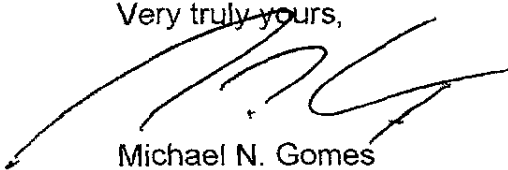
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Articles of Organization for Florida LLC
California Dreamin, LLC

Greetings:

Enclosed is a transmittal letter and the articles of organization for a Florida limited liability company, California Dreamin, LLC, which is submitted for filing, together with my trust account check number 24468 for \$125.00, payable to the Florida Department of State, for the filing fee.

Very truly yours,



Michael N. Gomes
MNG:eec
Enc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALIFORNIA DREAMIN, LLC
(Name of Limited Liability Company)

FILED

2004 OCT 25 P 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Michael N. Gomes, Esq.

(Name of Person)

Michael N. Gomes, P.A.

(Firm/Company)

2401 E. Atlantic Blvd., Suite 210

(Address)

Pompano Beach, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael N. Gomes, Esq.

(Name of Person)

at (954) 942-0910

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CALIFORNIA DREAMIN, LLC

ARTICLE II - Address:

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

Principal Office Address:

32146 Virginia Way
Laguna Beach, CA 92651

Mailing Address:

32146 Virginia Way
Laguna Beach, CA 92651

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

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

Michael N. Gomes, Esq.

Name

2401 E. Atlantic Blvd., Suite 210

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

Pompano Beach, FL 33062

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

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:

2004 OCT 25 P 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

CAROLA LUEDER

32146 Virginia Way

Laguna Beach, CA 92651

(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.)

CAROLA LUEDER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)