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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number Phone

: 120010000247

Prone

(800)494-3124

Fax Number

(305) 675-2811

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LIMITED LIABILITY COMPANY

DreamSaker Enterprises, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMP

In compliance with Chapter 608,F.S.

ARTICLE 1 NAME

The name of the Limited Liability Company is:

DreamSaker Enterprises, LLC

ARTICLE II ADDRESS

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

806 Jonisen Drive

Fort Walton Beach, FL 32547

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT, SIGNATURE

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

Edward L. Roberts

806 Jonleen Drive

Port Walton Beach, FL 32547

Having been named as registered agent to accept service of process for the above stated on a control 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 accomply with the provisions of all statutes relating to the proper and complete performance of a proper of my duties, and I am familiar with and accept the obligations of my position as a registered agent as provided for in Chapter 608, F.S..

EDWARD L. ROBERTS / Registered Agent

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and therefore, a Manager-Managed Company.

ARTICLE V MEMBERS (optional)

Manager: Edward L. Roberts 806 Jonleen Drive

Fort Walton Beach, FL 32547

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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.

EDWARD L. ROBERTS
Typed or printed name of signee

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