



Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number: (352) 226-0038

From:

Account Name: FINEST JOEPE ASSURES, INC.

Account Number: 001004000235

Phone: (352) 599-0839

Fax Number: (352) 713-0036

UNITED STATES DEPARTMENT OF COMMERCE

AMERICAN DREAMS LLC

Certificate of State:	01
Certificate Copy:	01
Page Count:	002
Estimated Charge:	\$15.000

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**ARTICLE 10. ORGANIZATION OF THE
LIMITED LIABILITY COMPANY
AMERICAN DREAMS, LLC**

The undersigned (the undersigned) do hereby certify that

ARTICLE 10. Name:

The name of the Limited Liability Company is AMERICAN DREAMS, LLC,
(hereafter referred to as the "Company").

ARTICLE 11. Address:

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

Michael Gonzalez, Manager
555 SW 14th Ave.
Miami, Florida 33135

**ARTICLE 12. Registered Agent, Registered Office,
and Registered Agent's Signature:**

The name and principal address of the registered agent is:

Michael Gonzalez
555 SW 14th Ave.
Miami, Florida 33135

Having been named the registered agent and the acceptor of service of process for the above stated
limited liability company for the purpose 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 the statutes relating to the proper and complete performance of my duties as
registered agent and accept the obligations of my position as registered agent as provided in
(Chapter 605, FS).


MICHAEL GONZALEZ

Dated December 31, 2004

Article: 1. Management:

The limited liability company is to be managed by one or more persons designated in the articles of incorporation, or in the bylaws of the company.

IT IS WITNESSED: WHEREFORE, I have signed this certificate of organization and acknowledged its filing with the Secretary of State on this 12th day of December, 1904.


MICHAEL K. DONOVAN, Secretary

And in accordance with Article 664.00(12) of the Florida Statutes, the Secretary of State is hereby notified that the undersigned is the authorized agent of the company for the purpose of filing this certificate of organization with the Secretary of State.

FILED
688 DEC 12 AM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA