

L050000030253

2005 MAR 24 P 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000048818270

03/24/05--01029--005 **125.00

TO: Dept. of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

FROM: National Corporate Headquarters, Inc.
350 S. Center Street, Suite 500
Reno, NV 89501-2114

DATE: Wednesday, March 16, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SENT VIA Overnight Delivery

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Organization for **California Dreaming, LLC**

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$125.00
- Other: Please "File" stamp & return other provided copy
- Other:

If there are any questions, please call Liane Mooty at 800-542-2077, ext. 211

When completed, please place documents in the postage paid return envelope provided.
Thank you for your continued service!

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: California Dreaming, LLC
(Name of Limited Liability Company)

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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:

Liane Mooty

(Name of Person)

National Corporate Headquarters, Inc.

(Firm/Company)

350 S. Center St., Ste. 500

(Address)

Reno, NV 89501

(City/State and Zip Code)

For further information concerning this matter, please call:

Liane Mooty

(Name of Person)

at (800) 542-2077

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

California Dreaming, 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:

660 East Jefferson Street
Tallahassee, FL 32301

5718 Providence Country Club Dr.
Charlotte, NC 28277

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

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

Business Filings Incorporated

Name

660 East Jefferson Street

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

Tallahassee FL 32301

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..

 Mark Schiff, AVP
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David Harrington

5718 Providence Country Club Dr.

Charlotte, NC 28277

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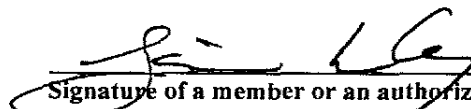
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Liane Mooty

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)