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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

dream big ventures, llc.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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

3

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dream Big Ventures, LLC.

Article II - Address:

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

Principal Office Address:

Mailing Address:

1855 Veteran's Park Dr.

SAME

Unit 3-A

Naples, FL 34109

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

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

Kevin B. Watkins
Name

4201 Corey Circle
Florida street address (P.O. Box NOT acceptable)

Naples, FL 34109
City, State, and Zip

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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, F.S..

[Signature]
Registered Agent's Signature

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**Candace L. Watkins
4201. Covey Circle
Naples, FL 34109MGRMBelinda Malolli
5001. Fairhaven Lane
Naples, FL 34109MGRMGezim Malolli
5001. Fairhaven Lane
Naples, FL 34109

(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.)Kevin B. Watkins

Typed or printed name of signee

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TALLAHASSEE, FLORIDA