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To:

Division of Corporations

# 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 FLORIDA/FOREIGN LIMITED LIABILITY CO.

### liberty dream, I.I.C.

Certificate of Status	0	
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# ARTICLES OF ORGANIZATION OF FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

LIBERTY DREAM, LLC.

#### ARTICLE II -- Address:

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

550 S. Ocean Blvd., #1907 Boca Raton, FL 33432

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

## ARTICLE IV — Management: (Check the appropriate box and complete the statement)

J	The Limited Liability Company is to be managed by a manager or managers and the address(es) of such manager(s) who is/are to serve as manager(s) is/are:	e name(s) and
XI	The Limited Liability Company is to be managed by the members and the name(s) at of the managing member(s) is/are:	nd address(es)
	<b>5</b>	

Romina Traficante P.O. Box 1875 Boca Raton, FL 33429

Salvatore Traficante P.O. Box 1875 Boca Raton, FL 33429

Lijiana Traficante P.O. Box 1875 Boca Raton, FL 33429

Marcos Traficante P.O. Box 1875 Bocs Raton, FL 33429 SECHELIS AM 9: 05

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#### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

reserved for the owner/manager to determine.

#### ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

reserved for the remaining member(s) of this LLC to determine by unanimous consent.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10th day of February, 2006.

Signature of an authorized representative of a member executing the Articles of Organization.

(in accordance with Section 608.408(3), Florida Statutes, the execution of this affidavil constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey Feinberg
Typed or printed name of signee

Prepared By: Jeffrey Feinberg, Esquire FBN# 275700 4000 Hollywood Blvd., Suite 350-N Hollywood, FL 33021 (954) 962-8889

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APPEND TO

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Form 4-17 Registered Agent/Registered Office

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:

LIBERTY DREAM, L.L.C.

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

Jeffrey Feinberg 4000 Hollywood Boulevard, Suite 350-N Hollywood, FL 33021

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 fedistance agent.

. . . . . . .

(Signature)

F:\WP\CORPORAT\LIBERTY DREAM,LLC.wpd

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