

Division of Corporations

https://efile.sumbiz.org/scripts/efilecover.exe

L060000060192

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000169225 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DREAM FULFILLMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
06 JUN 29 AM 8:05
DIVISION OF CORPORATIONS

Handwritten signature/initials

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 29 AM 10:02

APPROVED
AND
FILED

06/28/2006 7:14 PM

H06000169225 3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DREAM FULFILLMENT LLC

ARTICLE II ADDRESS

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

5337 N SOCRUM LOOP ROAD #311
LAKELAND, FL 33809

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

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

ED MANER
5337 N SOCRUM LOOP ROAD #311
LAKELAND, FL 33809

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



ED MANER/ Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 29 AM 10:12

APPROVED
AND
FILED

H06000169225 3

H06000169225 3

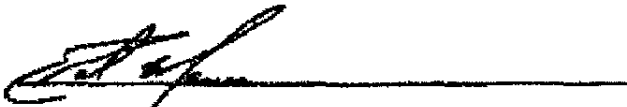
PAGE 2 DREAM FULFILLMENT LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

ED MANER
Managing Member: 5337 N SOCRUM LOOP ROAD #311
LAKELAND, FL 33809

GABRIEL HERNANDEZ
Managing Member: 5337 N SOCRUM LOOP ROAD #311
LAKELAND, FL 33809



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.)

ED MANER
Typed or printed name of signee

APPROVED
AND
FILED
06 JUN 29 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H06000169225