

L07000116286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300111324843

11/20/07--01001--028 **125.00

RECEIVED
07 NOV 19 PM 4:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JB

FILED
07 NOV 19 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/19/07

REF. #: 000177.77569

CORP. NAME: DREAM INDUSTRIES, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 19 AM 9:02

STATE FEES PREPAID WITH CHECK# 523703 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DREAM INDUSTRIES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of DREAM INDUSTRIES, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

DREAM INDUSTRIES, LLC

ARTICLE II — Address:

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

9750 N. W. 17th Street
Doral, Florida 33172

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

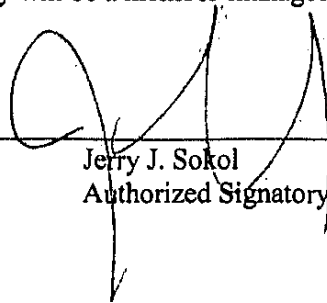
The name and address of the registered agent for service of process in the state shall be:

Jerry J. Sokol, Esq.
c/o McDermott Will & Emery LLP
201 South Biscayne Boulevard, Suite 2200
Miami, Florida 33131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 19 AM 9:02

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

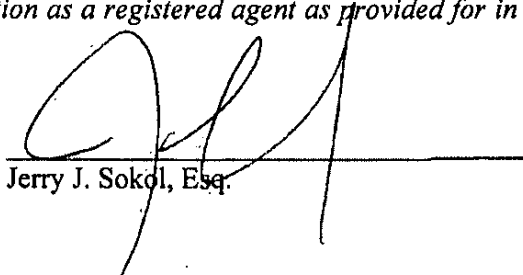


Jerry J. Sokol
Authorized Signatory

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 19 AM 9:02

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
DREAM INDUSTRIES, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.


Jerry J. Sokol, Esq.

Dated: November 19, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 19 AM 9:02