## 108000054943

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(,,	
(Document Number)	
(Souther Hamber)	
Contilled Copies Contilled to at Chalus	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100130975051

06/09/08--01029--022 \*\*130.00

2008 JUH - 9 PM 2: IS SECRETARY OF STATE

T. CLINE
JUN 1 0 2008
EXAMINER

TO:

**Registration Section** 

**Division of Corporations** 

**SUBJECT: Dream Traders LLC.** 

DATE:

June 8, 2008

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Michael L Miller 832 SW Lake Charles Cir Port St Lucie, FL 34986 USA

For further information concerning this matter, please call anytime:

## Michael L Miller @ 772.408.8214

Enclosed is a check for the following amount: \$130.00 Filing Fee with Certificate of Status. If you have any questions, please contact me as soon as possible.

Sincerely,

Michael L Miller

Attachments: Articles of Organization - 1 page

SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of the Limited Liability Company is: Dream Traders LLC.

**ARTICLE II** - The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address 832 SW Lake Charles Cir Port St Lucie, FL 34986 USA Mailing Address
Dream Traders LLC.
PO Box 880426
Port St Lucie, FL 34988
USA

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

Michael L Miller 832 SW Lake Charles Cir Port St Lucie, FL 34986 USA

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..

Registered Agents Signature: Wych Q	el Lynulu	
ARTICLE IV - The Limited Liability Corporation shall indemnify, defend and hold harmless its officers, directors, employees and agents, from and against any and all losses, damages, injuries, causes of action, claims, demands and expenses, including reasonable legal fees and expenses.		
ARTICLE V - No member, officer or director of this Limited Liability Corporation shall be personally liable for the debts or obligations of this Limited Liability Corporation of the nature whatsoever, nor shall any of the property of the members, officers or directors be usubject to the payment of the debts or obligations of this Limited Liability Corporation.		
ARTICLE VI - The name and address of each Manager or Managing Member is as follows:		
MGR	Michael L Miller 832 SW Lake Charles Cir Port St Lucie, FL 34986 USA	
REQUIRED SIGNATURE: \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Levella.	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael L Miller

Typed or printed name of signee