

LO9000019710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

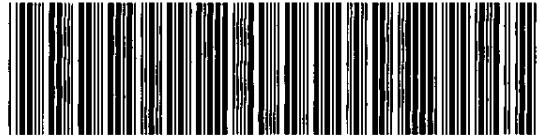
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000144360420

02/26/09--01019--010 **130.00

Effective Date 02/20/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 26 AM 10:00

T. HAMPTON

FEB 27 2009

EXAMINER

315 Grand Magnolia Avenue #206
Celebration, Florida 34747
February 20, 2009

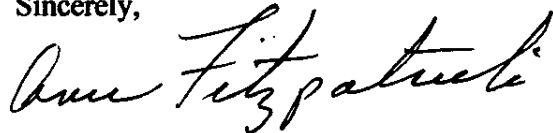
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed my registration forms and a check for the fees: \$125.00 filing fee
plus \$5.00 for a Certificate of Status = \$130.00 total.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Ann Fitzpatrick". The signature is written in a cursive, flowing style.

Ann Fitzpatrick

Encs.

Effective Date 02/20/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAMAGIC LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

315 GRAND MAGNOLIA AVENUE #206
CELEBRATION, FL 34747

Mailing Address:

315 GRAND MAGNOLIA AVENUE #206
CELEBRATION, FL 34747

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANN FITZPATRICK

Name

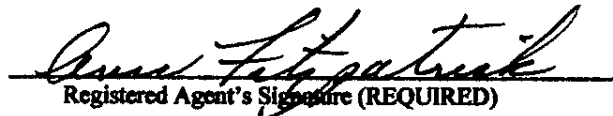
315 GRAND MAGNOLIA AVENUE #206

Florida street address (P.O. Box NOT acceptable)

CELEBRATION FL 34747

City, State, and Zip

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 Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 26 AM 10:00

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

ANN FITZPATRICK

315 GRAND MAGNOLIA AVENUE #206

CELEBRATION, FL 34747

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/20/2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ANN FITZPATRICK

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
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DIVISION OF CORPORATIONS
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