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### **COVER LETTER**

•	Corporations	
SUBJECT:	DR	EAM KAKERS 2011 L.L.C.
	Name of Lin	nited Liability Company
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.
Please return all corr	espondence concerning this m	atter to the following:
	Laura I	Brannon Sole Member
		Name of Person
		Firm/Company
	404 ==	• •
<u></u>	401 E	Robinson St Apt 403 Address
	Or	dando, FL 32801
***************************************		ity/State and Zip Code
	dreamm E-mail address: (to be used	akers2011@gmail.com  for future annual report notification)
For further informatio	n concerning this matter, pleas	se call:
<del></del>	ra Brannon	_at (407)394-5223
Nam	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ad I inhility Campr	····	
The name of the Lunt	50 Liaomity Compa	uly is.	
	Dream Mak	ers 2011, LLC.	
(Must en		d Liability Company," "L.L.C.," or "LLC."	")
ARTICLE II - Addre			
The mailing address an	d street address of	the principal office of the Limite	d Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
401 E Robinson St A		401 E Robinson St Apt	403
Orlando, FL 32801		Orlando, Fl. 32801	
	Florida street address of the registered agent are:  Laura Brannon  Name  401 E Robinson St Apt 403		PIL 09 DEC 14 DECRETARY CLLAHASSEE
-	Florida street address (P.O. Box NOT acceptable)		a ∃ u
	Orlando,	FL	PHIZ: 2: OF STAN
	City, St	ate, and Zip	DPA
liability company at t registered agent and agr statutes relating to the	the place designated aree to act in this cap proper and completes of my position as	d to accept service of process for the distribution of the line this certificate, I hereby accept acity. I further agree to comply we have performance of my duties, and it registered agent as provided for in a line of the	nt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

#### Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Laura Brannon 401 E Robinson St Apt 403 Orlando, FL 32801 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (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.) Laura Brannon Typed or printed name of signee 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)