

L10000079617Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
JUL 28 AM 10:33**FLORIDA LIMITED LIABILITY CO.**
PETROVA DREAM TEAM, LLC

Certificate of Status	0
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RECEIVED**10 JUL 28 PM 4:36****SECRETARY OF STATE
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

PETROVA DREAM TEAM, LLC

ARTICLE I

The name of the Limited Liability Company shall be:

PETROVA DREAM TEAM, LLC

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

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

**304 INDIAN TRACE
SUITE 131
WESTON, FL 33326**

ARTICLE IV

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

**MONICA VILA
304 INDIAN TRACE
SUITE 131
WESTON, FL 33326**

ARTICLE V

The name of the Managing Member(s) and Member(s) shall be:

**MANAGING MEMBER
MONICA VILA**

**MEMBER
NADEZDA PETROVA**

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

PETROVA DREAM TEAM, LLC
(Name of Company)

JUL 28 AM 10:33

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

X [Signature]
Registered Agent

X [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.)

MONICA VILA
Typed or printed name of signee

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