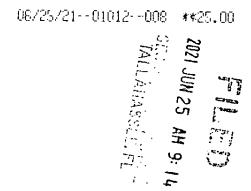
M0000107428

| (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: | | | |
| | | | |
| | | | |
| | | | |
| | | | |





200368927582



JUL 22 2021

COVER LETTER

| Div | vision of Corporations | | |
|---------------|--------------------------------------|-----------------------------|--------------------------|
| SUBJECT: | New Dream Investments LLC | | |
| SCBJECT. | | of Limited Liability Com | pany |
| Dear Sir or i | Madam: | | |
| The enclose | d Statement of Authority and fee(s |) are submitted for filing. | |
| Please return | n all correspondence concerning th | is matter to the following | : |
| Ana Sampai | io | | |
| | Name of Person | | |
| New Dream | Investments LLC | | |
| | Firm/Company | | |
| 10065 Bayo | ou Grande Ave. | | |
| | Address | _ | |
| Seminole, F | TL 33772 | | |
| - | City/State and Zip Code | | |
| titasampaio(| 09@gmail.com | | |
| E-1 | mail address: (to be used for future | annual report notification | n) |
| For further i | nformation concerning this matter, | please call: | |
| Mario Silva | | 813 at (| 364 9830) |
| | Name of Person | Area Code | Daytime Telephone Number |

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this liauthority: | imited liability company submits the following statement of |
|---|--|
| FIRST: The name of the limited liability company is: | New Dream Investments LLC |
| SECOND: The Florida Document Number of the limit | ted liability company is: |
| THIRD: The street address of the limited liability com 7901 4th Street N. STE 300 St. Petersburg, FL | |
| The mailing address of the limited liability co | CO CO |
| | 33702 |
| position of a person in a company, whether as a member person on the following: 1. May execute an instrument transferring re- | imitations of authority on all persons having the status or er, transferee, manager, officer or otherwise or to a specific ral property held in the name of the company. |
| b. No authority granted to: | |
| • | of, or otherwise act for or bind, the company. |
| b. No authority granted to: | |
| Signature of authorized representative Filing Fee | Ana Sampaio Typed or printed name of signature : \$25.00 |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)