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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10 NOV 10 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WI-50260

J. BRYAN

NOV 12 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM WEAVER UNLIMITED LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA HERNANDEZ

Name of Person

DREAM WEAVER UNLIMITED LLC

Firm/Company

211 DORIS DRIVE

Address

LAKELAND, FL 33813

City/State and Zip Code

LEAH.DREAMWEAVER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA HERNANDEZ

Name of Person

at (863) 521-1338

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

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10 NOV 10 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2010

LISA HERNANDEZ
DREAM WEAVER UNLIMITED LLC
211 DORIS DRIVE
LAKELAND, FL 33813

SUBJECT: DREAM WEAVER UNLIMITED LLC
Ref. Number: W10000050260

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10 NOV 10 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DREAM WEAVER UNLIMITED LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is #P97000068365, DREAM WEAVER UNLIMITED, INC..

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 25, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 010A00025270

LISA HERNANDEZ
917 FAIRLINGTON DR.
LAKELAND, FL 33813
863-521-1338

November 3, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
10 NOV 10 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Dream Weaver Unlimited LLC

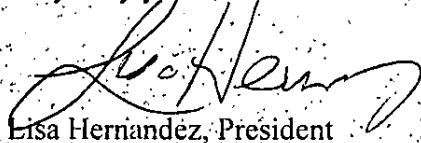
Gentlemen,

Pursuant to your letter dated October 26, 2010, I am responding to your request for additional information. Your notice indicates that the name is not distinguishable from an existing entity, Dream Weaver Unlimited Inc., #P97000068365. Please be advised that I am the President and sole stockholder of the Corporation.

Under advice from my CPA, we have made the decision to terminate the Corporation and reorganize as a limited liability company. I will be the only member of the limited liability company (considered for federal tax purposes as a disregarded entity). Therefore, for purposes of the goodwill that was developed as a corporation, I would like to operate the limited liability company as "Dream Weaver Unlimited LLC". Upon approval from your office, I will be applying for a new federal identification number for the organization, and will file final corporate S Corporation tax returns for the period ended for the date of termination of the corporation.

I thank you for your understanding and look forward to your approval of our request. Please contact me if you have any questions regarding our application.

Very truly yours,



Lisa Hernandez, President
Dream Weaver Unlimited Inc.

Lisa Hernandez

Applicant & Sole Member

Dream Weaver Unlimited LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAM WEAVER UNLIMITED 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:

211 DORIS DRIVE
LAKELAND, FL 33813

Mailing Address:

917 FAIRLINGTON DR
LAKELAND, FL 33813

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:

LISA HERNANDEZ

Name

917 FAIRLINGTON DR

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

LAKELAND FL 33813

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)

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TALLAHASSEE, FLORIDA

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:

MGRM

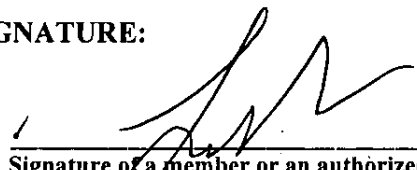
LISA HERNANDEZ
917 FAIRLINGTON DR
LAKELAND, FL 33813

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 1, 2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LISA HERNANDEZ

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)