# L11000009469

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
OFFICER OF STATE

T. HAMPTON JAN 2 4 2011



### **COVER LETTER**

TO:

**Registration Section** 

Division of Co	porations			
<sub>SUBJECT:</sub> A Rea	l Dream, LLC.			
	Name of Limit	ed Liability Co	ompany	
The enclosed Articles of	Organization and fee(s) are	submitted for t	ĩling.	
Please return all correspo	ondence concerning this mat	ter to the folio	wing:	
Mary Gre	en			
•		Name of Perso	n	
A Real Dr	eam			
		Firm/Company	,	
11008 Bo	ttlebrush Place			
		Address		
Tampa, FL	33624			
<del> </del>		y/State and Zip	Code	
mgdreaming	@gmail.com		···	
	E-mail address: (to be used t	for future annual	report notification	)
For further information c	oncerning this matter, please	e call:		
Mary Green		at ( 727	215-629	6
Name o	f Person	Area (	215-629 Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy 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	Regis Divis Clifto 2661	tration Section stration of Corporation on Building Executive Center	ons r Circle

# Effective Date 01 14 11

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### A Real Dream, 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:	Mailing Address:
Mary Green	11008 Bottlebrush Pl. Tampa, FL 33624

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:

Mary Green
Name

## 11008 Bottlebrush Place

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

Tampa FL 33624
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

DIVISION OF COMPRISING

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

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

"MGRM" = Managing Member	Γ
Mary Green, MGR	Mary Green 11008 Bottlebrush Place Tampa, FL 33624
(Use attachment if necessary)	
	an the date of filing: 1-16-11 . (OPTIONA nust be specific and cannot be more than five business day

**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.)

Mary Green

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)