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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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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: _____

**FLORIDA LIMITED LIABILITY CO.
STORYDREAMZ, L.L.C.**

Certificate of Status	0
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EXAMINER
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ARTICLES OF ORGANIZATION
OF
STORYDREAMZ, L.L.C.

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ARTICLE I

The name of this Limited Liability Company shall be: STORYDREAMZ, L.L.C.

ARTICLE II

The Limited Liability Company shall exist for a period of thirty years.

ARTICLE III

This Limited Liability Company is created for any lawful business purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

The members may continue the business of this Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.

ARTICLE IV

The place of business and mailing address of this Limited Liability Company shall be 1241 S.W. 87th Way, Pembroke Pines, Florida, 33025, and such other place or places as the members from time to time may determine.

The initial registered agent of the Limited Liability Company shall be John M. Rodriguez.

The initial registered office address shall be 7600 West 20th Avenue, Suite 220, Hialeah, Florida 33016.

ARTICLE V

The member(s) of this Limited Liability Company, and their respective membership shares are:

Felipe D. Silva

100 %

ARTICLE VI

The Limited Liability Company will be managed by one manager. The initial manager shall be: Felipe D. Silva. His address is:

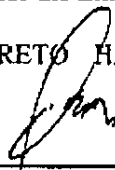
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Felipe D. Silva
1241 S.W. 87th Way
Pembroke Pines, Florida 33025

ARTICLE VII

The Limited Liability Company does hereby indemnify its Manager for any of his conduct on behalf of or related to his duties as Manager of the Limited Liability Company and holds him harmless for any acts on behalf of or in connection with his services for the Limited Liability Company.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.



Felipe D. Silva

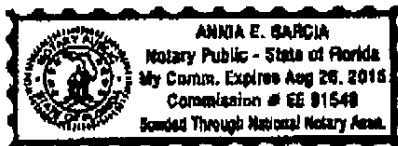
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 16 day of September 2011, by Felipe D. Silva who has personally appeared before me, who is personally known to me, and who did take an oath.



NOTARY PUBLIC, STATE OF FLORIDA

Print Name: Anna E. Garcia

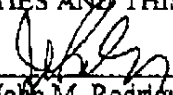


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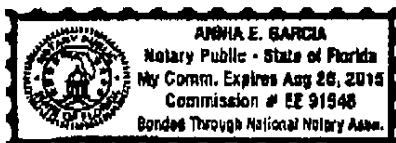
WRITTEN ACCEPTANCE BY AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATE SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES AND THIS POSITION.


John M. Rodriguez
AS REGISTERED AGENT FOR
STORYDREAMZ, L.L.C.

STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 16 day of September, 2011, by John M. Rodriguez, who personally appeared before me, who is personally known to me, and who did taken an oath.




NOTARY PUBLIC, STATE OF FLORIDA
Print Name: Anna E. Garcia

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