

L12000044187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

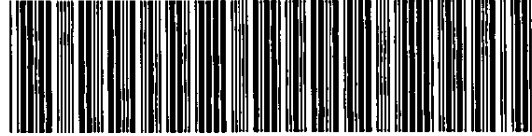
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015
SERVICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dreams Investment Group LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph L. Bernstein

Name of Person

Joseph L. Bernstein, P.A.

Firm/Company

707 S.E. 3rd Avenue, Third Floor

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

jlbpalaw@aol.com

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

For further information concerning this matter, please call:

Joseph L. Bernstein

at (

954

763-1919

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Dreams Investment Group LLC

SECOND: The Florida Document Number of the limited liability company is: L12000044187

THIRD: The street address of the limited liability company's principal office is:

1152 N. University Drive, Suite #301-3

Pembroke Pines, FL 33024

The mailing address of the limited liability company's principal office is:

1152 N. University Drive, Suite #301-3

Pembroke Pines, FL 33024

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise of the company, on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: Niurka Davis or Herold Pierre

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Niurka Davis or Herold Pierre

b. No authority granted to: _____


Signature of authorized representative

Niurka Davis

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA