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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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.
DREAM CARZ, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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H13000022003

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

DREAM CARZ, LLC

ARTICLE I

The name of the Limited Liability Company shall:

DREAM CARZ, LLC

ARTICLE II

**The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company is:**

**80 SW 8TH STREET, SUITE 2000
MIAMI, FL 33130**

ARTICLE IV

The Company shall commence business on: JANUARY 30, 2013

ARTICLE V

The name and the Florida street address of the registered agent:

**MARCELLUS TAYLOR
80 SW 8TH STREET, SUITE 2000
MIAMI, FL 33130**

ARTICLE VI

The name of the Managing Member (s) shall be:

MGRM

**MARCELLUS TAYLOR
42271 W COLBY DRIVE
MARICOPA, AZ 85138**

MGRM

**CARRINGTON TAYLOR
42271 W COLBY DRIVE
MARICOPA, AZ 85138**

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

DREAM CARZ, LLC
(Name of company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Registered Agent

Marcellus Taylor

Print Name



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.)

CARRINGTON TAYLOR
Typed or printed name of signee

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