

L13000081277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

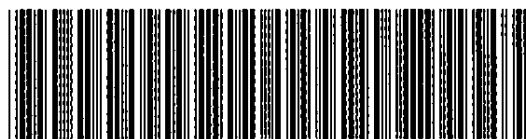
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JUN -5 2013

J. BRYAN

11130 14125

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TruDream Enterprises, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Rashada Houston Turner, Chief Executive Officer
TruDream Enterprises, LLC
Post Office Box 6232
Tallahassee, FL 32314
rashadahouston@comcast.net

For further information concerning this matter, please call:

Rashada Houston Turner, Chief Executive Officer
850.544.5525
rashadahouston@comcast.net

Enclosed is Check #_____ made payable to the Florida Department of State in the amount of \$_____ for the filing fee, certificate of status certified copy certificate of status, and certified copy.

Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
850.245.6051

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is **TruDream Enterprises, LLC.**

ARTICLE II - Address:

The addresses of the Limited Liability Company are:

Principal Office Address: 205 Oakland Avenue, Tallahassee, FL 32301

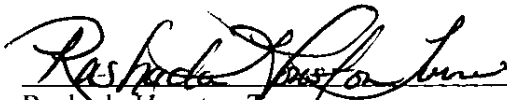
Mailing Address: Post Office Box 6232, Tallahassee, FL 32314

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Rashada Houston Turner, 305 Chastain Lane, Tallahassee, FL 32305

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.



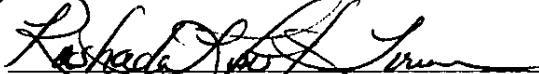
Rashada Houston Turner

ARTICLE IV- Managing Member:

The name and address of the Managing Member is:

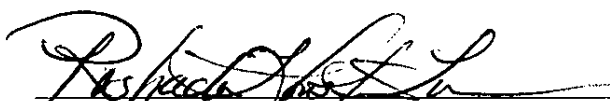
Rashada Houston Turner, 305 Chastain Lane, Tallahassee, FL 32305

ARTICLE V: Effective date: Same as date of filing.



Rashada Houston Turner

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.



Rashada Houston Turner

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19 JUN -5 AM 1:08
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TALLAHASSEE FLORIDA