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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2013

CYNTHIA LEON 1510 CREEKBEND DR BRANDON, FL 33510

SUBJECT: DREAM RELEASERS, LLC

Ref. Number: W13000054121

We have received your document for DREAM RELEASERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P12000023962.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 013A00022893

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brandon Dream Center, LCC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia A. Lear
Brandon Dream Center LLC Firm/Company
1510 Creekbend Dr Address
Brandon, Pl 33510 ES ES City/State and Zip Code
CINCYLEUAL QUANTIL COM 57 N
For further information concerning this matter, please call:
Name of Person at (813) 787-12/1 ST ST Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address Registration Section Division of Corporations S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:	
Brandon Dra (Must end with the words	cam Center, LLC "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	

Brandon, FL 33510 Brandon, I	=1-33510
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a	an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	2013 O
Cynthia A Leon	CT 29 RETAR VHASS
Name	

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

Brandon FL 335/0

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

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrem	Cynthia A. Leon 1510 Cuekberry Dr. Brandon, FL 33510
mGRM	Henry Leon Jr. 1510 Creekbend Dr. Brandon, FL 3550
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing: (QP,TIONAL)
(If an effective date is listed, the date must prior to or 90 days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member	or an authorized/representative of a member.
constitutes an affirmation under t I am aware that any false informa	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)