## 13000157708

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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Office Use Only

Hello Ms.Culligan

This Email is regarding reference number: W13000054769. I understand that Dream Promotions INC was involuntarily dissolved but I would like to file Dream Promotions INC as an LLC (Dream Promotions LLC). I understand the fee is \$130.00 and I would like to deduct that fee from the \$150.00 money order you received and have the remaining balance refunded to me

Thank you, Bryan Rodriguez

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October 2, 2013

BRYAN RODRIGUEZ 779 RIVIERA LANE NW PORT CHARLOTTE, FL 33948

SUBJECT: DREAM PROMOTIONS LLC

Ref. Number: W13000054769

We have received your document for DREAM PROMOTIONS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

Document received on 10/1/13.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 613A00023175

## COVER LETTER

Registration Section
Division of Corporations

SUBJECT: DREAM PROMOTIONS LLC.	
(Name of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to conver "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439	
Please return all correspondence concerning this matter to:	
BRYAN RODELGUEZ (Contact Person)	
DREAM PROMOTIONS INC (Firm/Company)	
779 Riviera In NW (Address)	
Port charlottle FL 33948 (City, State and Zip Code)	
BRYAN & DREAM PRO MOTIONS, NET E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
BRYAN RODRIAGEZ at (305) 469 2846 (Name of Contact Person) (Area Code and Daytime Telephone Number)	
(Name of Contact Person) (Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status  \$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	

### 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

DREAM PROMOTIONS L.L.C.

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

### **ARTICLE II - Address:**

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

**Principal Office Address:** 

**Mailing Address:** 

779 Riviera In NW port charlotte FL 33948

779 Riviera In NW port Charlottl FL 33948

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bryan Rodriguez

779 Riviera In NW
Florida street address (P.O. Box NOT acceptable)

Port Charlottle FL 3394)

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

# 2919 NOV 12 AM 8:57

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing	, Member	
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(Use attachment if nece	essary)	And the first
ARTICLE V: Effective date	e, if other than the date of filing:(OPTIONAL)	
(The effective date: 1) cannot the Florida Department of S	of the prior to nor more than 90 days after the date the State; AND 2) must be the same as the effective date of an effective date listed therein.)	
REQUIRED SIGNATURE	:	
	5A	
Signature of a m	nember or an authorized representative of a member.	
the penalties of perjury that	608.408(3), Florida Statutes, the execution of this document const the facts stated herein are true. I am aware that any false informat of State constitutes a third degree felony as provided for in s.81	ation submitted in a
	Typed or printed name of signee.	<u></u>
	Page 2 of 2	