L14000028315

(Requestor's Name)
(Address)
(Address)
(1.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(- ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
•

=

Office Use Only



100256752981

02/18/14--01010--024 **160.00

SECRETARY OF STATE

2014 FEB 18 AM 11:

FEB 1 9 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Lamps "L. L. C."

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:

Name of Person Michael Turner

Firm Company
Dream Lamps "L.L.C."

Address

2200 38th Ave. W, #323
Bradenton FL 34205
City State and Zip Code

MKTUINER 2010 @ hot mail . Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Turner at (941) 504-2894

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Contificate of Stams

\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy

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
Tailahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	eum Lamps	"L. L.C. "
(Must end with the words "Limited L	iability Company, "Ld	L.C'' or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
5200 38 to Ave. W.	2200 38 ¹¹ #1323 Bradenton	Ave. W.
Bradenton FL 34205	Bradenton	PL 34205
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a) gent are:	inust designate an individual of
Michael Turne	1	
		,
Florida street address (P.O. Box) 2200 35-14 Ave. W. H. Bradenton City	NOT acceptable) 3≥3	
Bradenton	FL 3420	
City	Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of any duties, and I am familiar with and accept the obligation. Chapte	The appointment as regi all statutes relating to gations of my position a	stered agent and agree to act in this the proper and complete performance is registered agent as provided for in
Registered Agent's Signatu	re (REQUIRED)	
(CONTINUE	D)	TALLAR TALLAR
Page 1 of 2		MILLANIASSEE FL

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	"MBR" Michael Turner
	2000 38th Ave. W. #323 Bradenton FL 34205
	"AMBR" Karen Turner
	2200 38th Ave. W. #323 Bridenton PL 34205
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and of filing.)	(OPTIONAL) I cannot be more than five business days prior to or 9
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE!	Dunu an authorized representative of a member.
Signafilia at a mambal ar	

 $\frac{Filing\ F\ ees:}{S125.00\ Filing\ F\ ee}\ for\ Articles\ of\ Organization\ and\ D\ esignation\ of\ R\ egistered\ Agent$

Michael Turner
Typed or printed name of signee

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

Page 2 of 2