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2014 PR 11 PM 1:23 SECRETARY OF STATE TALLAHASSES, FLORIDA

APR 1 4 2014 T CLINE

COVER LETTER

		Section Corporations				
SUBJECT:	Uni	ted Dream Real Estate L	LC.			
_		Name of Lir	nited Liability Company			
The enclosed	Articles	of Organization and fee(s) a	re submitted for filing.			
Please return a	all corre	spondence concerning this m	atter to the following:	•		
		Abiel Ballesteros				
_			Name of Person		_	
		United Dream Real	Estate LLC.			
_			Firm/Company		- 	
_		800 West Avenue #7	22			
			Address		28 1	
_		MIami Beach FL. 331	39		2014 (APR 11 Secretary	******
			City/State and Zip Code	ネ の の	R II	-7-X-3
<u> </u>		aaabiel@hotmail.com E-mail address: (to be use	d for future annual report notifica	ition)	S 7	
For further inf	formatio	on concerning this matter, ple	ase call:		FM 1: 29 OF STATE	
Abiel Balle	steros	at (_	786 355-6646	ان ختر	് വ	
	Nar	ne of Person	Area Code Daytime Tel	lephone Number		
Enclosed is a	check fo	or the following amount:				
] \$125.00 Filin	g Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enc	s &	
	Reg Div P.O	iling Address distration Section ision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:	
United Dream Real Est	tate L.C.C.	
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
800 west Avenue #722	800 West avenue #722	
Mlami Beach FL. 33145	Mlami Beach FL. 33145	
another business entity with an active Florida The name and the Florida street address of th Abiel Ballester 1741 sw 14 stree	ros Name	2011
	ss (P.O. Box NOT acceptable)	10 III
Miami	33145 FL ST	_ p
City	Zip ^{(η} C·	3 [ii
the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and a	to accept service of process for the above stated limited liability thereby accept the appointment as registered agent and agree to be provisions of all statutes relating to the proper and complete paccept the obligations of my position as registered agent as providing the complete of the control of the proper and complete paccept the obligations of my position as registered agent as providing the control of	y company at act in this performance

(CONTINUED)
Page 1 of 2

AMBR" = Authorized Member MGR" = Manager MGR	
MGR	
	Annie Y. Coronel
	· · · · · · · · · · · · · · · · · · ·
•	
Use attachment if necessary)	
filing.) VI: Other provisions, if any.	
	·
REOUIRED SIGNATURE:	1 - 12
LATIA.	un (e
	or an authorized representative of a member.
Signature of a member	
(In accordance with section 605.0203	3 (1) (b), Florida Statutes, the execution of this document
(In accordance with section 605.0203 constitutes an affirmation under the p	-analting of -animal that the foots stated bearing on twis-1
(In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as or	penalties of perjury that the facts stated herein are true; In submitted in a document to the Department of Stater in provided for in s.817.155. F.S.)
(In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as or	penalties of perjury that the facts stated herein are true; In submitted in a document to the Department of Stater in provided for in s.817.155. F.S.)
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(In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as properties of the prope	penalties of perjury that the facts stated herein are true; an authorized in a document to the Department of State; are provided for in s.817.155, F.S.) EV. Corone ed of printed name of signee Filing Fees:
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(In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information	penalties of perjury that the facts stated herein are true;