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OCT 13 2014 S. YOUNG

COVER LETTER

44

TO: Registration Division of	n Section Corporations		
SUBJECT: Future	Dream LLC Name of Lin	nited Liability Company	
	s of Organization and fee(s) a		
Please return all corre	espondence concerning this m	atter to the following:	
<u>Judith C</u>	Ottosen	Name of Person	
		Firm/Company	
5704.1	- Divid 000, 400		
<u>5/81 Le</u>	e Blvd 208-426	Address	
			EA S T
Lehigh A	Acres Fl 33971		
		City/State and Zip Code	<u> </u>
Judith.tallpopp	v@me.com		
- VOUITI-MILIPOPP	E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	ase call:	REAL S
Judith Ottosen	at (239) 5655747	
	me of Person		lephone Number
Enclosed is a check for	or the following amount:		
☑ \$125.00 Filing 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 enclosed)
	tiling Address gistration Section	Street/Courier Add Registration Section	r <u>ess</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Future Dream LLC		
(Must end with the words "	'Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
5781 Lee Blvd 208-426 5781 Lee Blvd 208-426 Lehigh Acres Fl 33971 Lehigh Acres Fl 33971		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must desi	
The name and the Florida street address of the re	egistered agent are:	
Judith Ottosen		
	Name	
<u>5781 Lee Blvd 208-42</u> Florida street address (1	P.O. Box <u>NOT</u> acceptable)	
Lehigh Acres	FL 33971	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and acception. Registered Agent	by accept the appointment as registered ago ovisions of all statutes relating to the prope	gent and agree to act in this er and complete performance
. (C0	ONTINUED)	
1	Page 1 of 2	FIL 14 OCT -8 SECRETARY FALLAWASSE

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<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
"MGR" = Manager AMBR	·	Stephen Park Smith	
AMBR		Melissa Park Smith	
	-		-
(Use attachment if nece	ssary)		
ective date is listed, the	other than the date of filing date must be specific an	d cannot be more than five business days pr	NAL) ior to or 9
ective date is listed, the of filing.)	date must be specific an	g: (OPTION and cannot be more than five business days pr	NAL) ior to or 9
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