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SECRETARY OF STATE
TALLAHASSEE FLORIC.

FEB 11 2015 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

то:

SUBJECT: Dream Team Events & Party Rentals LLC 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:
Wesley Thomas Name of Person
Name of Person
LLC
Firm/Company
3705 Bentley drive
Address
3705 Bentley drive Address Tallahassee, Fl 32303 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Defaunt Morton 21,850, 264-6419
Name of Person at (850) 264-6419 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dream Tean Events & Party (Must end with the words "Limited Liability Company."	lentals LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lie	ability Company is:
Principal Office Address: 3705 Bently drive Tallahasse, R. 32303	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Wesley Homas Name	above stated limited liability company at egistered agent and agree to act in this to the proper and complete performance
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	FILED 15 FB II PI 4: 3 SECRETARY OF STATI TALLAHASSEE, FLORI

= Authorized Member = Manager	Name and Address:
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<u>6 K</u>	Wesley Thomas
GR	Jacqueline Worth
R	Defaunt Norton 3705 Bently Chyu
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e is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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RED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of 1 am aware that any false in constitutes a third degree for Articles of Filing Fee for Articles of	member or an authorize n 605.0203 (1) (b), Florida under the penalties of perju nformation submitted in a c elony as provided for in s.8 Typed or printed nan Filing Fees: Organization and Design I)