## L15000088688

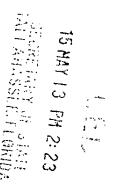
| (R                      | equestor's Name)    |             |
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| (C                      | ity/State/Zip/Phone | e #)        |
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| PICK-UP                 | WAIT                | MAIL        |
|                         |                     |             |
| (D)                     | usiness Entity Nar  | <u></u>     |
| (В)                     | usiness Entity Nai  | ne)         |
|                         |                     |             |
| (D                      | ocument Number)     |             |
|                         |                     |             |
| Certified Copies        | Certificates        | s of Status |
|                         |                     |             |
| <del></del>             |                     |             |
| Special Instructions to | Filing Officer:     |             |
| ·                       |                     |             |
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## COVER LETTER ==

|               | egistration S<br>livision of Co |   | •               | ·   |  |
|---------------|---------------------------------|---|-----------------|---|--|
| SUBJECT       | Dream Te                        | am Cleaning of Lake Cit   | y, LLC          |   |  |
| Sebate        |                                 | Name of I   | Limited Liabil  | ity Company   | <del></del>  |
| The enclos    | sed Articles of                 | Organization and fee(s)   | are submitted   | for filing.   |  |
| Please retu   | ırn all corresp                 | ondence concerning this   | matter to the f | ollowing:   |  |
|               | Andrea Use                      | che   |                 |   |  |
|               |                                 |   | Name of         | Person  |  |
|               | Dream Tear                      | n Cleaning of Lake City   |                 |   |  |
|               |                                 |   | Firm/Co         | mpany   |  |
|               | 270 SE Past                     | ure Way   |                 |   |  |
|               |                                 |   | Addr            | ess   |  |
|               | Lake City, I                    | FL 32025  |                 |   |  |
|               | DreamTeam(                      | CleaningLC@yahoo.com  | City/State and  | d Zip Code  |  |
| -             |                                 | E-mail address: (to be us   | ed for future a | nnual report notificati   | on)  |
| For further i | nformation co                   | oncerning this matter, ple  | ase call:       |   |  |
|               | Andrea Used                     |   | 386             | 588-4146  |  |
|               | Nam                             | ne of Person  | Area Code       | Daytime Telephone   | Number   |
| Enclosed is   | s a check for t                 | he following amount:  |                 |   |  |
| \$125.00 Fi   | iling Fee                       | \$130.00 Filing Fee & Certificate of Status                                       | Certific        | 0 Filing Fee &<br>ed Copy<br>al copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | Regist<br>Division<br>P.O. B    | ng Address<br>ration Section<br>on of Corporations<br>Sox 6327<br>assee, FL 32314 |                 | Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | r Circle   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|                             | of the Limited Liabili                                | ty Company is:  |   |  |  |
|-----------------------------|---|---|---|--|--|
|                             | Dream Team Cleani (Must end                           | ng of Lake City, LLC. with the words "Limited   | d Liability Co                                      | mpany, "L.L.C.," or "LLC."   | )  |
|                             | E II - Address:<br>ng address and street a            | ddress of the principal o   | office of the L                                     | imited Liability Company is:   |  |
|                             | Princip   | al Office Address:  |   | Mailing A  | ddress:  |
|                             | 270 SE Pasture Way                                    | Lake City, FL 32025   | <del></del>   | 270 SE Pasture Way Lake  | City, FL 32025                                   |
| (The Limit another be       | ted Liability Company<br>usiness entity with an       | ent, Registered Office, cannot serve as its own active Florida registration address of the registered Andrea Useche | Registered A<br>on.)<br>d agent are:                | gent. You must designate an  | individual or                                    |
|                             |   |   | Name  |  |  |
|                             |   | 270 SE Pasture Way Florida street addres  |   | IOT accentable)  | -  |
|                             |   |   | _   | · ·  |  |
|                             |   | Lake City City  | FL<br>State   | 32025<br>Zip   | •  |
| olace desigr<br>urther agre | nated in this certificate,<br>e to comply with the pi | , I hereby accept the app<br>rovisions of all statutes rolligations of my position                                  | ointment as re<br>elating to the p<br>as registered | for the above stated limited ligistered agent and agree to coroper and complete perform agent as provided for in Chapasecke.  Signature (REQUIRED) | act in this capacity. I ance of my duties, and I |
|                             |   |   | (CONTINI  | J <b>ED)</b>   |  |

Page 1 of 2

| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager   |  |
| AMBR   | Andrea Useche  |
|  | 270 SE Pasture Way   |
|  | Lake City, FL 32025  |
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| ective date is listed, the date must b<br>of filing.)  | date of filing: 06/01/2015 . (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days  |
| E V: Effective date, if other than the ective date is listed, the date must b  | e specific and cannot be more than five business days prior to or 90 de<br>not meet the applicable statutory filing requirements, this date will not be  |
| E V: Effective date, if other than the ective date is listed, the date must bot filing.) the date inserted in this block does in   | e specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not be sent of State's records.   |
| E V: Effective date, if other than the ective date is listed, the date must bof filing.) The date inserted in this block does ment's effective date on the Department.   | e specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not be sent of State's records.   |
| E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the | the R Use che  |
| E V: Effective date, if other than the ective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on th | not meet the applicable statutory filing requirements, this date will not be sent of State's records.  I member or an authorized representative of a member.  Section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.   |
| E V: Effective date, if other than the ective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on th | not meet the applicable statutory filing requirements, this date will not be sent of State's records.  I member or an authorized representative of a member.  Section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the ective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on th | member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document false information submitted in a document to the Department of State; as provided for in s.817.155, F.S.)  |
| E V: Effective date, if other than the ective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on th | not meet the applicable statutory filing requirements, this date will not be sent of State's records.  I member or an authorized representative of a member.  Section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.) |