

L15000144063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

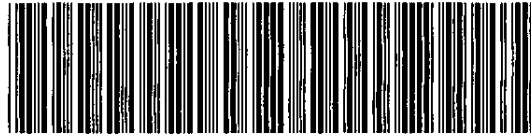
Special Instructions to Filing Officer:

Office Use Only

WISCONSIN 56324

AUG 27 2015

T. SCOTT



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08/17/15--01024--023 **250.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2015

TOBY SCHMELING
4704 KEENE RD
PLANT CITY, FL 33565

SUBJECT: AMERIDREAM HOLDINGS, LLC
Ref. Number: W15000056324

We have received your document for AMERIDREAM HOLDINGS, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Also, the aurtherized member must print or name on line below signature.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 615A00017866

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmeriDream Holdings, 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:

Toby Schmeling

Name of Person

Firm/Company

4704 Keene Rd

Address

Plant City, FL 33565

City/State and Zip Code

reinvestor@ameridreamholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Schmeling

at

813

Area Code

765-7605

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

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

Street/Courier Address

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:

AmeriDream Holdings, 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

c/o Registered Agents Inc

3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

c/o Registered Agents Inc

3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

REGISTERED AGENTS INC.

Name

3030 N. Rocky Point Dr., STE 150A

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33607

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Bill Havre

Bill Havre/Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

AmeriDream Bay Area Properties, LLC

3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 14, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Toby Schmeling

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)