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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies		
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15 NOV 16 AN 9:00

N15-71904

mi 11/18

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: My Dream L.L.C. Name of Limited Liability Company	
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:	
Hnthony L- Whelan Name of Person	
My Bream L.L.C. Firm/Company	···
3912 50th Ocean BIVE # 1405	·
Highdand Beach FL 33487 City/State and Zip Code	
706 Plur Q. G. Mar. 1 - 10m	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status	f Status & py
Mailing Address New Filing Section Street Address New Filing Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	



October 30, 2015

ANTHONY L. WHELAN 3912 SOUTH OCEAN BLVD., #1405 HIGHLAND BEACH, FL 33487

SUBJECT: MY DREAM L.L.C. Ref. Number: W15000071904

We have received your document for MY DREAM L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 015A00023024

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: M-Y-D-Fearn Name of Li	My Oream Yachts L.C. Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Anthony L- W	helan
	Name of Person
MV Break	rirm/Company
	Firm/Company
3912 South 0	Cean BIVE # 1405 Address
	Address
Hishland Bouch	FL 33487
1119110016 90061	FC 33 4 8 7 City/State and Zip Code
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	
Apthony L. Wheken at (S6/ <u>419-3800</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
	·
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	15 NOV
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	1998 345 1 3 200 PM
ARTICLE II - Address:	7.85 G
The mailing address and street address of the principal office of the Limited Liability Company is:	
ξ,,,,,,,,,,,,,,,,,,	E CONTRACTOR IN THE STATE OF TH
Principal Office Address: Mailing Address:	9, 4
3912 S. Ocean BILD. #1405 Same Highler & Beach, FL 33487	3
Hickory & Beach FL 33487	
(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: Anthony L. Whelen Name 37/2 5. Ocean BIVN #1405	
39/2 S. OCean BIVN # 1405	
Florida street address (P.O. Box NOT acceptable)	
Highland Be-ch FL 33487 City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability compa place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relating to the proper and complete performance of my du am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	acity. I
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

itle:	Name and Address:
AMBR" = Authorized Member MGR" = <u>M</u> anager	
MSK _ Wallage	Anthony L- Wholan
	30/2
	3912 South Ocean Blud #140 Highlan Beach, FL. 33487
	Highlan Beach FL. 3348)
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	7/2.
V: Effective date, if other than the da	te of filing: (OPTIONAL)
tive date is listed, the date must be s filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the dative date is listed, the date must be s filing.) le date inserted in this block does not ent's effective date on the Department.	meet the applicable statutory filing requirements, this date will not of State's records.
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