

Florida Department of State
Division of Corporations
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((H16000174345 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SUNBIZ SUPPORT, LLC
Account Number : I20160000052
Phone : (407)369-8000
Fax Number : (407)992-8637

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
DREAM CHASERS RECOVERY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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JUL 21 2017

S. GILBERT

AUDIT NUMBER: (((H16000174345 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAM CHASERS RECOVERY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:800 Scotia Dr Apt 303
Hypoluxo FL 33462Mailing Address:800 Scotia Dr Apt 303
Hypoluxo FL 33462

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:

SunBiz Support, LLC
16913 Lakeside Drive
Montverde, FL 34756

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..

Gina Jenkins,*Gina Jenkins*
Registered Agent's Signature (REQUIRED)

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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

AR

Name and Address:

Carlton D Harkness

800 Scotia Dr Apt 303

Hypoluxo FL 33462

AR

Dorian C Ballough

800 Scotia Dr Apt 303

Hypoluxo FL 33462

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Electronic Signature:** //S// Carlton D Harkness**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Carlton D Harkness

Typed or printed name of signee

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