# L1600194038

(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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M MOON 0CT 2 0 201 Florida Department of State Division of Corporation

Fax: 850-245-6804 Email: sarah, bo Land @ dos, myflorida. com

Re: American Dream Mobile Home Sales Inc. P16000071245

October 14, 2016

As of this 14<sup>th</sup> day of October, 2016, I have dissolved the above Corporation and do not want to renew.

Please continue to process my Articles of Organization for American Dream Mobile Home Sales LLC.

Thank you

Cheryl A. Peloquin

Cell: 863-206-8540

16 0CT 20 PH



September 16, 2016

CHERYL A PELOQUIN P.O. BOX 341 DAVENPORT FL, FL 33836-0341

SUBJECT: AMERICAN DREAM MOBILE HOMES SALES LLC

Ref. Number: W16000064227

We have received your document for AMERICAN DREAM MOBILE HOMES SALES LLC 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000071245.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 816A00019906

# **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	AMERICAN DREAM MOBILE H	IOME SALES LLC	
SOBIEC		imited Liability Company	
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	turn all correspondence concerning this	matter to the following:	
	CHERYL A. PELOQUIN		
	Parties and the Control of the State of the	Name of Person	-
	AMERICAN DREAM MOBILE HO	DME SALES LLC	
		Firm/Company	<del></del>
	P.O. BOX 341		_
		Address	
	DAVENPORT FL 33836-0341		_
	cherpelo414@gmail.com	City/State and Zip Code	
		ed for future annual report notification)	_
For further	information concerning this matter, ple	ase call:	
	CHERYL PELOQUIN	863 421-2105	
	Name of Person	Area Code 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 & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	losed)5 Žģ
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	0CT 20 PH 6:
	A SECONDO POPE AND AND AND	Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	CLE I -	Name
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The name of the Limited Liability Company is:

## AMERICAN DREAM MOBILE HOME SALES LLC

Principal Office Address:

(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:

140 W. BAY ST	P.O. BOX 341
DAVENPORT FL 33837	DAVENPORT FL 33836-0341

Mailing Address:

# 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:

CHERYL A. PELOC	UIN	
	Name	-
202 E. PALM ST		
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
DAVENPORT	FL	33837
City	State	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..

(CONTINUED)

Page 1 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
AMERICAN DREAM MOBILE HOME SALES 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 i

Principal Office Address:	Mailing Address:
140 W. BAY ST	P.O. BOX 341
DAVENPORT FL 33837	DAVENPORT FL 33836-0341

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:

CHERYL A. PELO	QUIN	
	Name	
202 E. PALM ST		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
DAVENPORT	FL	33837
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

attachment if necessary)  Effective date, if other than the date of filing: SEPTEMBER 1, 2016 (OPTIONAL) educe is listed, the date must be specific and cannot be more than five business days prior to or 90 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.  Chter provisions, if any.  Difference 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.  CHERYL A. PELOQUIN  Typed or printed name of signee  Filing Fees:  25.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title: "AMBR" = Authorized Member	Name and Address:	
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Page 2 of 2	ctive date is listed, the date must be so filing.)  the date inserted in this block does not tent's effective date on the Department.  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a magnetic transport of the document is exect I am aware that any fall constitutes a third degrated constitutes a third degrated CHERYL A. Pl.  \$125.00 Filing Fee for Articles of O. \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date wint of State's records.  The following the statutory filing requirements, this date wint of State's records.  The following the statutory filing requirements, this date wint of State's records.  The following the following the statutory filing requirements, this date wint of State's records.  The following the following the state of a member requirement of State information submitted in a document to the Department of State fellowing as provided for in s.817.155, F.S.  The following the followin	utes.