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MEMORANDUN

July 26, 2017

Office Division of Corporations PO Box 6327 Tallahassee FL, 32314

Mr:

The present is to forward documents related to the application for incorporation

"Service Family Happy Dreams LLC" As the agent I subscribe to, Miss Susa I. Aure Rojas, I thank you for providing me with all the required information, without for any reason the name already registered can suggest one of your best convenience.

I appreciate your collaboration,

Sincerely,

DC. Attached Mony order for the sum of \$ 125.00

6712 NW 27 st, Margate FL 33063- Phone: 954 628 2405 Email: susanainmaculadarosalia@gmail.com

COVER LETTER

	w Filing Section vision of Corporations
SUBJECT:	Service Family Happy Dreams LLC
Sebuce 1.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Susana Inmacutada Aure Rojas
-	Name of Person
	Suana Aure Rojas
-	Firm/Company
	6712 NW 27 ST
-	Address
	Margate, FL 33063
s	City/State and Zip Code usanainmaculadarosalia@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
5	Susana 954 628 2405
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$ 125.00 Fil	sing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address New Filing Section New Filing Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

O. C. C. W.	I CH			
Service Family " (Must	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
DTICLE II Add				
ARTICLE II - Address: The mailing address and stre	et address of the principal c	office of the Limited 1.	iability Company is:	
Pri	ncipal Office Add <u>ress:</u>		Mailing Addr	*P\$\$\$
				
6712 NW 27 ST	, Margate fl 33063	<u>N/A</u>		
DESCRIPTION OF THE PARTY OF THE		0.5		
	Agent, Registered Office,			45. C4 7
The Limited Liability Comp	hany cannot serve as its own	i Kenistered Anent Va	ou must designate an inc	
			ou must designate an inc	dividual of
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(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Mo	Name and Address:
"MGR" = Manager MGR	Susana I. Aure Rojas
AMBR	Dr. Adolfo Aure
AMBR	Soraya de los Angeles Rojas
(Use attachment if necessa	
CLE V: Effective date, if other effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the	an the date of filing: August 1ro 2017 . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 day does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
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CLE V: Effective date, if other effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a evide general services REQUIRED SIGNATURE Signature Signature This document's date on the control of	nust be specific and cannot be more than five business days prior to or 90 day does not meet the applicable statutory filing requirements, this date will not be

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)

ARTICLE IV-