Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Email Address:

## FLORIDA LIMITED LIABILITY CO. DREAMWORLD MANAGEMENT SERVICES LLC

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	remunared Management Services LLC
RTICLE II he mailing at	dress and street address of the principal office of the
ompany is:	10665 SW 190 Street suite 3104
	MIANUI FLORIda 33157
mpanu cennot si	- Registered Agent, Registered Office: the Florida street address of the registered agent are: (The Limited Liability true as its own Registered Agent. You must designate an individual or another business entity ida registration.)
	JOSE J SARUT Jr.
	8921 3W 196 Drive
	Cutter Bay FL 33157
	<del></del>
e name and	title of each person authorized to manage and control the Limited any:
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RTICLE IV- ne name and ability Comp	Tose I Socut Jr. (AMBR)  Natalia Sarut (AMBR)

## Required Signatures:

Signature of a member of 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.

Typed or printed name of signee

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..

Registered Agen Signature (REQUIRED)