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COVER LETTER

	iew Filing Section livision of Corporations		
eun ieca	Dream Big Mighty Kids, LLC		
SUBJECT	Name	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee	(s) are submit	ted for filling.
Please retu	irn all correspondence concerning t	his matter to tl	ne following:
	Rebecca Lewis		
		Namo	of Person
	Dream Big Mighty Kids, LLC		
		Firm	Company
	286 Caravelle Drive		
		Λ	ddress
	Jupiter, FL 33458		
	L. Cabarda Cardinal and	City/State	and Zip Code
	lewis.becky@outlook.com E-mail address: (to be	used for futu	re annual report notification)
For further i	nformation concerning this matter.		,
	Rebecca Lewis	321	377-9082
	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
	iling Fee \$130.00 Filing Fee Certificate of State	& S15	55.00 Filing Fee & S160.00 Filing Fee, tified Copy ional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	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

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dream Big Mighty Kids, LLC (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
FICLE II - Address:	at the United Lightlity Company is:
mailing address and street address of the principal office	of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
286 Caravelle Drive	286 Caravelle Drive
286 Caravelle Drive Jupiter, FL 33458	Jupiter, FL 33458
Jupiter, FL 33458	Jupiter, FL 33458
	Jupiter, FL 33458 egistered Agent's Signature:

	Name	
86 Caravelle Drive		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
•		
Jupiter	FL	33458

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 Agent's Signature (REQUIRED)

(CONTINUED)

.4	DT1	CL	١,	IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Ochoco Louis
AMBR	Rebecca Lewis
	286 Caravelle Drive
	Jupiter, FL 33458
AMBR	Rena Rosen
	6445 N Richmond
	Chicago, IL 60645
	+26
	_
	
(Use attachment if necessary)	1047H2
the date of filing.)	the date of filing: 10/17/18 (OPTIONAL) it be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	riment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECORD STOTATORS.	•
KO	w \
Signature	of a member or an authorized representative of a member.
This document is	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	ny 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.

Rebecca Lewis

Typed or printed name of signee

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)