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	CERTIFIED COPY		
хх	РНОТОСОРУ		
	CUS		
хх	FILING	LLC	
_1	SLAND DREAM CHAR	RTERING, LLC	
(CORPORATE NAME AND DOCU	MENT #)	*****
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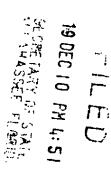
COVER LETTER

	New Filling Sec Division of Co				
SUBJEC		DREAM CHARTERING, I	LC		
BODGEC	- • •	Name of Lin	iited Liabilii	у Сотрапу	
The enclo	osed Articles of	Organization and fee(s) are	submitted :	for filing.	
Please re	turn all correspo	ondence concerning this ma	tter to the fo	llowing:	
	EUGENIO I	DUARTE, ESQ.			
	_		Name of I	erson	
	DUARTE L	AW FIRM			
			Firm/Con	npany	
	999 PONCE	DE LEON BLVD., SUITE	E 735		
			Addre	SS	
	CORAL GA	BLES, FL 33134		•	
		Ci	ty/State and	Zip Code	-
		MAMICLINICALRESEAF			
	I	E-mail address: (to be used	for future an	nual report notificati	on)
For further	information co	ncerning this matter, please	call:		
	305	44 at (-	1958	
	Nam		ea Code	Daytime Telephone	e Number
Enclosed	is a check for the	he following amount:			
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address		treet Address	
		iling Section		lew Filing Section Di	
		on of Corporations ox 6327	_	he Centre of Tallaha 415 N. Monroe Stree	
		assee, FL 32314	ī	allahassee, FL 3230	}

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is:		
ISLAND DREAM C			
(Must cona	tin the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	ldress of the principal	office of the L	imited Liability Company is:
Princips	l Office Address:		Mailing Address:
105 NW 121 CT			105 NW 121 CT
MIAMI, FL 33182			MIAMI, FL 33182
· - · · · · · · · · · · · · · · · · · · 		·	
The name and the Florida street a	ddress of the registere <u>CARLOS CARUS</u>	d agent are:	
		Name	
	105 NW 121 CT		
	Florida street addres	s (P.O. Box N	(OT acceptable)
	MIAMI, FL 33182		
	City	State	Zip
luce designated in this certificate, . urther agree to comply with the pro	l hereby accept the app ovisions of all statutes r	ointment as re elating to the <u>c</u>	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and lefent as provided for in Chapter 605, F.S
	Regist	ered Agent's S	Signature (REQUIRED)

(CONTINUED)



	Name and Address:
MGR	CARLOS CARUS 105 NW 121 CT MIAMI, FL 33182
	4117441, FG 33104
(Use attachment if necessary)	
TOTAL TOTAL AND THE REAL PROPERTY.	
ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be spo of filing.) If the date inserted in this block does not n	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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RECUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.
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