

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: avesta-usa@gmail.com

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

2019 DEC 11 AM 11:52

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FLORIDA LIMITED LIABILITY CO. DREAMREAL LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

N. SAMS

DEC 11 2019

COVER LETTER

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TO: New Filing Section
Division of Corporations

H19 000341 5833

SUBJECT: DREAMREAL LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALI AUSAJA JAFRI

Name of Person

DREAMREAL LLC

Firm/Company

294 SW 7TH COURT

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

avesta.usa@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ALI AUSAJA JAFRI

954

850-3157

at ()

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 &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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DREAMREAL LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

294 SW 7TH COURT
POMPANO BEACH, FL. 33060

294 SW 7TH COURT
POMPANO BEACH, FL. 33060

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:

ALI AUSAJA JAFRI

Name

294 SW 7TH COURT

Florida street address (P.O. Box **NOT** acceptable)

<u>POMPANO BEACH</u>	<u>FLORIDA</u>	<u>33060</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ALI AUSAJA JAFRI
294 SW 7TH COURT
POMPANO BEACH, FL. 33060

AMBR

AMNA HASAN
294 SW 7TH COURT
POMPANO BEACH, FL. 33060

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PALM BEACH COUNTY
FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFULL BUSINESS

REQUIRED SIGNATURE:

Ali Jafri

Signature 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.

ALI AUSAJA JAFRI

Typed or printed name of signer

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)