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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| tified Copies | _ Certificates | of Status |
| pecial Instructions to | Filing Officer: | |
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Office Use Only

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: Dreem Kween Name of Li | Enterprises LLC imited Liability Company |
| The enclosed Articles of Organization and fee(s) a | are submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| Jonta Demes | Name of Person |
| | |
| Winter Park F dreem kween Sta E-mail address: (to be use) For further information concerning this matter, plea | |
| Name of Person | 336) 489 · 6585 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: []\$125.00 Filing Fee []\$130.00 Filing Fee & Certificate of Status | & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|---|
| (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: |
| 132 Oak Reserve lane 132 Oak Reserve lane Winter Park FL 32792 Winter Park FL 32792 |
| 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: Demonstrate |
| Florida street address (P.O. Box NOT acceptable) |
| Winter Park FL 32792 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)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | |
|--|---|-------------------|
| AMER | Jonta Demetria Stevens 732 Oak Roserve Lane Winter Park, FL 32792 | - - |
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| (Use attachment if necessary) | | |
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| effective date is listed, the date must be te of filing.) If the date inserted in this block does necument's effective date on the Departm | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no | |
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ARTICLE IV-