Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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

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FLORIDA LIMITED LIABILITY CO. DREAM HOME PROPERTIES, LLC

CDV 1 6 2020

T. SCOTT

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

LIMITED LIGHT OF CONTRACT

TCLE II - Address:	
mailing address and street address of the principal office of the Limited Liability Compan Principal Office Address: Mailin	y is: g Address:
1005 NE 7TH AVE, 1005 NE 7TH AVE,	
CAPE CORAL, FL 33909 CAPE CORAL, FL 33	3909

AUSTIN KNIGHT Name

1005 NE TI'H AVE Florida street address (P.O. Box NOT acceptable)

33909 CAPE CORAL Zip City State

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.,

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	AUSTEN KNIGHT 1005 NE 7TH AVE. CAPE CORAL. FL 33909
(Use attachment if necessary)	
an effective date is listed, the date must be sidate of filing.)	te of filing: 11/09/2020 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listent of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	stin Knight
Signature of a r This document is exec	number or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

AUSTIN KNIGHT