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21 MAY 28 AM 5: 40 SECRETARY OF STATE FALLAHASSI E. From St.

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## COVER LETTER

	ew Filing Sectivision of Cor						
eud ieca		N DREAM N FL I	REALTY, LLC				
SUBJECT	·	Name	e of Limited Liab	pility Company			
The enclos	sed Articles of	Organization and f	ee(s) are submitt	ed for filing.			
Please retu	ırn all correspo	ndence concerning	this matter to th	e following:			
	Christopher .	A. Russell					
			Name	of Person	<u>-</u>		_
			<del></del>				_
	1206 D	D .	Firm/	Company			
	1306 Baytre			ldress	<u></u> -		_
	Voldous C	N 21403	710	idi C33			
	Valdosta, G	4 31002	Circlera	and Zin Cada	<u>.                                    </u>	- 29	- <sub>N</sub>
	chris@theam	ericandream.house	City/State	and Zip Code		ECK8	<u>.</u> 
		E-mail address: (to	be used for futur	e annual report notificat	ion)	22.5	
For further	information co	ncerning this matte	r, please call:			플루 프로	28 A
	Christopher A	A. Russell	229 at (	251-6988		7. 3.5	MH 5: 1:11
	Nam	e of Person	Area Code	Daytime Telephor	ne Number	, - <del></del>	5
Enclosed	is a check for t	he following amou	nt:				
□\$125.0	0 Filing Fee	■\$130.00 Filing Certificate of St	atus Cer	155.00 Filing Fee & tified Copy ional copy is enclosed)			&
	New F Divisi P.O. E	ng Address illing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3236	assee eet, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
AMERICAN DREA (Must cont	M N FL REALTY, L ain the words "Limite	LC d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limite	ed Liability Company is	s:
Princip	al Office Address:		Mailing A	Address:
1306 Baytree Road Valdosta, GA 31602			06 Baytree Road aldosta, GA 31602	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its ov active Florida registra	wn Registered Agen tion.)	ent's Signature: t. You must designate a	ın individual or
The name and the Florida street	_	-		
	Registered Agents	Inc Name		_
		North, Suite 300 ess (P.O. Box <u>NOT</u> Flordia	acceptable) 33702	_
	City	State	Zip	_
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the or	, I hereby accept the a rovisions of all statute. bligations of my position	ppointment as regists relating to the propon as registered agen	ered agent and agree to er and complete perfor	o act in this capacity. I mance of my duties, and I apter 605, F.S
		(CONTINUEI	))	21 MAY 28 MM 5: 40 SECHETARY OF PLATE

Christopher A. Russell 306 Baytree Road Valdosta, GA 31602 Hope Harvey Webb 308 First Ave NE, teinhatchee, FL, 32359	
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accordance with section 605.0203 (1)	(b), Florida Statutes.
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n accordance with section 605.0203 (1) ormation submitted in a document to the	(b), Florida Statutes.
1	iling:c and cannot be more than five busines the applicable statutory filing requirementate's records.