Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6381

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I20200000137

Phone

: (786)660-0108

Fax Number

: (786)364-1047

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

Email Address: info@yourdreamms.com

FLORIDA LIMITED LIABILITY CO. El Tiburon de las Ventas LLC

Certificate of Status	0
Certified Copy	0

Page Count 01 Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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Tallahassee, FL 32314

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SUBJEC		de las Ventas LLC						
		Name o	f Limited Liabi	lity Company				
The enclo	osed Articles of	Organization and fee(s) are submitted	d for filing.				
Please re	turn all correspo	ndence concerning thi	s matter to the	following:				
	Luis Eduardo	Guevara						
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	Luis Guevara		786 t (853-2564				
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Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: El Tiburon de las Ventas 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: Mailing Address: 340 SE 3rt Street Suit 1009 Miami Fl 33131 Miami Fl 33131

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:

Your Dream Multise	rvices Corp	
	Nama	
8300 Nw 53rd St Sui	ite 350	
Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)
Miami	Florida	33166
Cly	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. Thereby accept the appointment as registered agent and agree to act in his 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 Capts 605, F.S.

Registered Agent's Signature (REQ) RED

(CONTINUED)

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To: +18506176381

17863641047

From: your dream

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<u>Title:</u> "AMBR" = Au "MGR" = Man	uhorized Member ager	Name and Address:	
MGR		Luis Eduardo Guevara 340 SE 3rt Street Suit 1009 Miami, Fl 33131	
		Anathi, 11-351-31	•
			
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