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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 : 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.

∰ Emai ∴

mail Address: __info

info@yourdreamms.com

FLORIDA LIMITED LIABILITY CO.

MDA Records LLC

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Corporate Filing Menu

Help

(((H210003985013)))

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From: your dream

COVER LETTER (((H21000398501 3))) TO: **New Filing Section** Division of Corporations MDA Records LLC SUBJECT: Name of Limited Liability Corpay The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Humberto Garcia Name of Reson 8217 Sw 72nd Avc Apt 413 Adtres Miami, Florida 33143 City/State and Zip Cole info@medicenachc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Humberto Garcia 655-1929 Daytime Telephone Number Paints of Person Area Code Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & **□\$155.00** Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MailingAddress

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is end coed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED FJABILITY COMPANY

ARTICI229OI	CARGE IDATION TOR	TEXAMERY IN THE TEXA I	PORTAL TO CONTINUE	
ARTICLE I - Name: The name of the Limited Liabilit	ry Company is:		(((H21000398	3501 3)))
MDA Records LLC				
(Must cont	ain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	ro.
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited E	iability Company is:	22 OCT 6
<u>Princip</u>	al Office Address:		Mailing Address:	25
8217 Sw 72nd Ave A Miami, Florida 3314			Sw 72nd Ave Apt 413 i, Florida 33143	平 25 55 平 55
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its owr active Florida registration	n Registered Agent. Yo on.)		
	Your Dream Multise	rvices Corp		
		Ni no		
	8300 Nw 53rd St sui	ite 350 ss (P.O. Box NOT acc	antable)	
	Prorida street addres	3 (P.O. DOX <u>MOT</u> acc	еране)	
	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 its 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 Appt 605, FS

Asamar Torres
Registered Agent's Signature (NEQ) RED

(CONTINUED)

(((H210003985013)))

(((H210003985013)))

From: your dream

		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	
MGR		Humberto Garcia 8217 Sw 72nd Ave Apt 413
		Miami, Florida 33143
		
CLEV: Effectiv		ate of filing: (OPTIONAL)
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