1/3/22,

Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Email Address: info@yourdreamms.com

022 JAN -3 PH 2: 04

FLORIDA LIMITED LIABILITY CO.

Orbelite USA LLC

Certificate of Status	Ú
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H220000016553)))

COVER	LETTER

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TO: New Filing Section Division of Corporations			
SUBJEC	Orbelite USA LLC		
SUBJECT	Name of Limited Liability Carrary		

The enclosed Articles of Organization and fee(s) are submitted for filing.

Page: 3 of 5

Please return all correspondence concerning this matter to the following:

Luis Alberto Diaz	Eyzaguirre
	Name of Percon
	Luis Alberto Diaz Cyzaguirre Firm/Company
20379 country clu	b drive Apt 2138
	Address
Aventura, FL 331	80
· · · · · ·	City/State and Zip Code
orporativo@orbel	te.com
E-mai	address: (to be used for future annual report notification)

For further information concerning this matter, please call: Carolina Chavez Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is end exec)

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

ARTICLES OF ORGANIZATION FOR FLORIDA ELMITED LIABILITY COMPANY

CLE 1 - Name: me of the Limited Liability Company is:	(((112200000165
Orbelite USA LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
CLE II - Address: siling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
ailing address and street address of the principal office	• • •
niling address and street address of the principal office Principal Office Address:	Mailing Address:

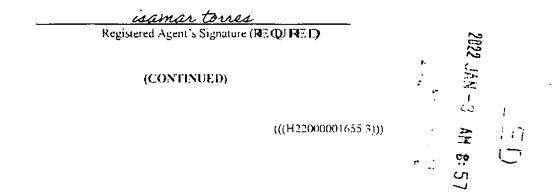
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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 Multiservices Corp		
	वाध्य	
8300 Nw 53rd St su	iite 350	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33166
CJŅ.	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 Fis 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 Oxpt: 605, ISS



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ARTICLE IV-

Page: 5 of 5

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:			
	Authorized Member			
"MGR" = Ma	Ţ.			
<u>MGR</u>	Luis Alberto Diaz Eyzaguirre			
	20379 country club drive Apt 2138 Aventura, FL 33180			
	7.7000000			
AMBR	Carolina Chavez Quinde			
MAIDIC	20379 country club drive Apt 2138			
	Aventura, FL 33180			
	-			
he date of filing.) <u>Note:</u> If the date inser	listed, the date must be specific and cannot be more than five business days prior to rted in this block does not meet the applicable statutory filing requirements, this date wing ve date on the Department of State's records.		•	
RTICLEVI: Other pi	provisions, îfany.			
			POZZ JAN	
REQUIRED	SIGNATURE:		rva C	
	Luis Alberto Diaz Eyzaguirre :			
	Signature of a member or an authorized representative of a member.		ŧ	,
	This document is executed in accordance with section 605.0203 (1) (b), Florida Stati		رب	*
	I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.	itate	<u> </u>	(!
			50	(
	Luis Alberto Diaz Eyzaguirre	٠	ഗ	
	Typed or printed name of sign €		7	

Filing Fees:

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

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