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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.****

Email Address: info@yourdreamms.com

FLORIDA LIMITED LIABILITY CO.
Orbelite USA LLC

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

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COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: Orbelite USA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Luis Alberto Diaz Eyzaguirre

Name of Person

Luis Alberto Diaz Eyzaguirre
Firm/Company

20379 country club drive Apt 2138

Address

Aventura, FL 33180

City/State and Zip Code

corporativo@orbelite.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Chavez 786 354-0053
Name of Person Area Code Daytime Telephone Number

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 enclosed)

Mailing Address

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

Orbelite USA 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:20379 country club drive20379 country club driveApt 2138Apt 2138Aventura, FL 33180Aventura, FL 33180

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 CorpN/A8300 Nw 53rd St suite 350Florida street address (P.O. Box ~~NOT~~ acceptable)MiamiFlorida33166CityStateZip

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 ~~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 ~~Chapter~~ 605, FS

isamar torres

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Luis Alberto Diaz Eyzaguirre

20379 country club drive Apt 2138

Aventura, FL 33180

AMBR

Carolina Chavez Quinde

20379 country club drive Apt 2138

Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Luis Alberto Diaz Cuyaguirre

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Luis Alberto Díaz Eyzaguirre

Typed or printed name of signer

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)

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