

1/4/22, 12:03 PM

Division of Corporations

2343
(((H22000003774 3)))

Florida 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.

(((H22000003774 3)))



H220000037743ABCZ

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

2022 JAN -4 AM 10:30
RECEIVED

****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.
CAMI MULTISERVICES LLC

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

2022 JAN -4 PM 12:30
RECEIVED[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H22000003774 3)))

(((H22000003774 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAMI MULTISERVICES 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:

Andrye Lorenzo

Name of Person

Andrye Lorenzo
Firm/Company

15221 Sw 80th St Ste 603

Address

Miami, Florida 33193

City/State and Zip Code

aloreno12al@gmail.com

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

For further information concerning this matter, please call:

Andrye Lorenzo

347

935-2724

at (

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

(((H22000003774 3)))

2022 JAN - 1 14:18:38

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(((H22000003774 3)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAMI MULTISERVICES 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:15221 Sw 80th St Ste 603Miami, Florida 3319315221 Sw 80th St Ste 603Miami, Florida 33193**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 CorpInd8300 Nw 53rd St Suite 350Florida street address (P.O. Box **NOT** acceptable)MiamiFlorida33166CityStateZip

2022 JAN -4 AM 18:38

ED

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

Asamar Torres

Registered Agent's Signature (RE:Q) (RE:R)

(CONTINUED)

(((H22000003774 3)))

