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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. CAMI MULTISERVICES LLC

Certificate of Status	0
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Page Count	01
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COVER LETTER

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SUBJECT	CAMEMU	ULTISERVICES LL	С						
SUBJECT: Name of Limited Liability Corpus									
The enclos	ed Articles of	Organization and fe	e(s) are	submitted fo	or filing.				
Please retu	rn all correspo	ondence concerning	this mat	iter to the fol	lowing:				
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		assec, FL 32314			allahassee, FL 3230				

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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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 603	15221 Sw 80th St Stc 603			
Miami, Florida 33193	Miami, Florida 33193			
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	ed Agent. You must designate an individu	al or	2022	
Your Dream Multiservices Co		·, .	9	
Onle C		:	1	-
8300 Nw 53rd Sc Suite 350			••	
Florida street address (P.O. Bo	ox NOT acceptable)		. -	111

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 Iis 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 Apt: 605, FS

State

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ARTICLE IV

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Andrye Lorenzo 15221 Sw 80th St Apt 603 Miami, Florida 33193	
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		2022
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		· 1 · 4" :
(Use attachment if necessary)	e date of filing	
(If an effective date is listed, the date must l the date of filing.)	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	dāys after
ARTICLEVI: Other provisions, if any. Import and export of supplies and services		
REQUIRED SIGNATURE:		
	Andrue Lorenzo	
This document is e I am aware that any	Andrug Lorenzo Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
Andrye Lor	enzo	
	Typed or printed name of sign ←	
	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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