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.

(((H220001325903)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: YOUR DREAM SERVICES CORP. Account Name

Account Number : I20200000137 Phone

: (786)660-0108

Fax Number

: (786)364-1947

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@vourdreamms.com

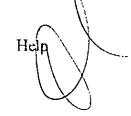
FLORIDA LIMITED LIABILITY CO. BARCO COMPANY LLC

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

Electronic Filing Menu

Corporate Filing Menu

(((H22000132590 3)))



COVER LETTER

Name of Limited Liability Corpus

(((H220001325903)))

TO: **New Filing Section Division of Corporations** BARCO COMPANY LLC SUBJECT:

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:

NESTOR BARCO Name of Peson Firm/Company 2800 WESTON RD STE 201 Address WESTON, FL 33331 City/State and Zip Cole NESTORJULIANBARCOMARTINEZ@GMAIL.COM

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

For further information concerning this matter, please call:

NESTOR BARCO 425-4571 Nation of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐\$130.00 Filing Fee & ■\$125.00 Filing Fee

□\$155.00 Filing Fee & Certificate of Status Certified Copy

(additional copy is enclosed)

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

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

(((HZ20001325903)))

To: +18506176381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		(((HI22000132590 3))))	
BARCO COMPANY					
(Must cont	ain the words "Limited	Liability Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Lia	ability Company is:		
<u>Princip</u>	al Office Address:		Mailing Addre	<u>:ss</u> :	
2800 WESTON RD			ESTON RD STE 201		
WESTON, FL 3333		WESTO	ON, FL 33331		
another business entity with an armount of the name and the Florida street	address of the registered		<u> </u>	LAHASSET.	2022 APR 13 F
	8300 NW 53RD ST	STE 350			ı.
	Florida street addres	s (P.O. Box NOT acce	ptable)	LTORIO	PM 3: 00
	MIAMI	FLORIDA	33166	0,5	ö
	CP _V	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the or	, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as registered of elating to the proper an	agent and agree to act i d complete performanc provided for in Apt r	n fi s capacity. I e of my duties, and	I
		(CONTINUED)			

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Page: 5 of 5

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	NESTOR BARCO 2800 WESTON RD STE 201 WESTON, FL 33331	
	> <u> </u>	2022 APR 13
		OR I3 PH
(Use attachment if necessary)		⊐¥ ယ္
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te of filing.) If the date inserted in this block does not no cument's effective date on the Department of CLEVI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be of State's records.	
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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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