

L22000185453

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REAL DREAMS USA LLC
Account Number : I20220000065
Phone : (786)420-1297
Fax Number : (786)226-0501

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@realdreams-usa.com

FLORIDA LIMITED LIABILITY CO.
NOW SANMARC LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

2021 MAY -4 PM 3:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FOR FILING SERVICES

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DIVISION OF CORPORATIONS
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2021 MAY -4 PM 5:05

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NOW SANMARC 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:15751 SHERIDAN STREET
SUITE 209
SOUTHWEST RANCHES, FL 33331**Mailing Address:**15751 SHERIDAN STREET
SUITE 209
SOUTHWEST RANCHES, FL 33331**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:

REAL DREAMS USA LLC

Name

850 NE 3RD STREET SUITE 107AFlorida street address (P.O. Box NOT acceptable)DANIA BEACH

City

FLORIDA

State

33004

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 this 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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ANAYA, MARCELO
15751 SHERIDAN STREET SUITE 209
SOUTHWEST RANCHES, FL 33331

MGR

ALVAREZ, SANDRA
15751 SHERIDAN STREET SUITE 209
SOUTHWEST RANCHES, FL 33331

(Use attachment if necessary)

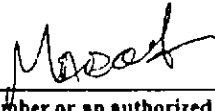
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

ANAYA, MARCELO

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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