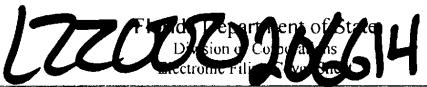
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Division of Corporations



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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.

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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

\*\*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. HEBRON COMPANY LLC

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

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COVER LETTER

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	ew Filing Section ivision of Corporations	
SUBJEC	HEBRON COMPANY LLC	
SOBJEC	Name of Limited Liability Corpay	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please reti	ern all correspondence concerning this matter to the following:	
	Sandra Arevalo	
	Name of Person	
	Sandra Arevalo Firm/Company	
	Firm/Company	
	1630 Nw 128th Drive Apt 301	
	Attres	<u></u>
	Sunrise, Florida 33323	
	City/State and Zip Cale	
	sandy12cristo@gmail.com	
	E-mail address: (to be used for future annual report notificat	ion)
For further	information concerning this matter, please call:	
	Sandra Arevalo 954 716-9045 at ()	
	Nino of Person Area Code Daytime Telephor	ne Number
Enclosed	s a check for the following amount:	
≣\$125.0	O Filing Fee Scrifficate of Status Status Certificate of Status Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end coed)

**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

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ALL MILESEE, FLORING

(((H22000175765 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: HEBRON COMPANY 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: 1630 Northwest 128th Drive 1630 Northwest 128th Drive Apt 301 Apt 301 Sunrise, Florida 33323 Sunrise, Florida 33323 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:

Page: 4 of 5

Your Dream Multiservices Corp			
	Nim		
8300 Nw 53rd St Ste	350		
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)	
Miami	Florida	33166	
Oly	State	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 its appacity. 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 Cupter 605, F.S.

Registered Agent's Signature (REQUINED)

(CONTINUED)

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MGR		
	Sandra Arcvalo 1630 Northwest 128th Drive Apt 301 Sunrise, Florida 33323	<del></del> 
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(Use attachment if necessary)	ite of filing (OPTIONAL)	
te of filing.)	specific and cannot be more than five business days prior to or 9  t meet the applicable statutory filing requirements, this date will not of State's records	
cultering creeding date on the Departmen	it of State & records.	
CLEVI: Other provisions, if any,		
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REQUIRED SIGNATURE:	Sandra Arevala	
REQUIRED SIGNATURE:  Signature of a r This document is exectly a management of the second sec		
REQUIRED SIGNATURE:  Signature of a r This document is exectly a management of the second sec	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	•
Signature of a r This document is exect I am aware that any factorstitutes a third degree	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	