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Florida Department of State
Division of Corporations
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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

2022/08/30 PM12:20

2022 AUG 30 AM 8:15

**FLORIDA LIMITED LIABILITY CO.
GLOBAL SERVICES KRMOL LLC**

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

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

The name of the Limited Liability Company is:

GLOBAL SERVICES KRMOL LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:12651 SW 7 TH STREET
DAVIE FL 33325Mailing Address:12651 SW 7 TH STREET
DAVIE FL 33325**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 CORPNtro8300 NW 53RD STFlorida street address (P.O. Box NOT acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33166</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

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.

Isamar Torres

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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- Isamar Torres
- Florida LLC Corp.

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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

MGR**Name and Address:**

CRISTINA MORRAL LOPEZ
12651 SW 7 TH STREET
DAVIE FL 33325

(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.ANY LIGAL SERVICES

REQUIRED SIGNATURE:Cristina Morral Lopez

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.

CRISTINA MORRAL LOPEZ

Typed or printed name of signee

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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FLORIDA SECRETARY OF STATE
REGISTRATION DIVISION

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