Page: 2 of 5

2022-09-02 13-22.19 GMT

17863641047

From: Your dream

https://efile.sunbiz.org/scripts/efileovi.exe



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.

(((H22000295266 3)))



H220002952663ABC1

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 Addmoss:	info@yourdreamms.com	
Email Address:	~ /	

FLORIDA LIMITED LIABILITY CO.

CJDA SERVICES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

8/30/2022 2:39 PM

(((H220002952663)))

To: sunbiz '

(((H22000295266 3)))

		(COVER LET	TER		
	iew Filing Sec Division of Co					
CUD IF CT	r.	CJDA S	SERVICES L	LC		
SUBJECT	ı; <u> </u>	Name of	Limited Liab	lity Corpuy		
The enclos	sed Articles of	Organization and fee(s)) are submitte	d for filing.		
Please reti	ım all correspo	ondence concerning this	matter to the	following:		
		DIEGO ALEJAN	DRO MONO	ADA NIETO		
			Name o	f Person		
		Diego Al	lejandri	Moncada 1	Vieto	
		0	Figy/C	contrary		
		409	NORCOOSS	SEE RD APT \$106		
		· · · · · · · · · · · · · · · · · · ·	Ad	tes		
		C	DRLANDO F	L 32827		
		MONCANIS	=	nd Zip Code		
	-	E-mail address: (to be u			ion)	
For further	information co	oncerning this matter, plo	ease call:			
	DIEGO MO	NCADA NIETO at	689	233-0785		
	Nin	to of Person	Area Code	Daytime Telephor	ne Number	
Enclosed i	s a check for t	he following amount:				
■\$125.0) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end cu	2022 SEP -2
		ngAddress Filing Section		Street Address New Filing Section D	ivision $\Box c_1$	A

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

To: sunbize

(((1 (2200)2952663)))

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

(Must conta	CJDA SERV ain the words "Limited		L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ac	ddress of the principal o	office of the Limited Li	nbility Company is:
Principa	al Office Address:		Mailing Address:
409 NORCOOSSEE ORLANDO FL 328			PROOSSEE RD APT 8106 NDO FL 32827
(The Limited Liability Company	cannot serve as its own	Registered Agent, Yo	
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration	n Registered Agent, You on.)	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registration address of the registered	n Registered Agent, You on.)	u must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent, You on.) d agent are: JLTISERVICES CORI	u must designate an individual oi
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered YOUR DREAM MU 8300 NW 53RD ST	Registered Agent, You on.) d agent are: JLTISERVICES CORI	u must designate an individual o
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered YOUR DREAM MU 8300 NW 53RD ST	Registered Agent, You on.) d agent are: JLTISERVICES CORI	u must designate an individual o

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 Fis 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 Oppter 605, FS

Asamar Torres
Registered Agent's Signature (REQ) RED

(CONTINUED)

2022 SEP -2 AM 9: 05

To: sunbiz-

(((H22000295266 3)))

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DIEGO ALEJANDRO MONCADA NIETO 409 NORCOOSSEE RD APT 8106
	ORLANDO FL 32827
MGR	CARLOS JOSE MONCADA NIETO
	409 NORCOOSSEE RD APT 8106
	ORLANDO FL 32827
	 -
EV: Effective date, if other than tective date is listed, the date mus	he date of filing:
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do	t be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block donent's effective date on the Depa EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the crive date is listed, the date must of filing.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block donent's effective date on the Depa EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department of the provisions, if any. SAL SERVICES	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depart of the provisions, if any. GAL SERVICES	t be specific and cannot be more than five business days prior to or 90 deserors not meet the applicable statutory filing requirements, this date will not rement of State's records.
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depart of the provisions, if any. GAL SERVICES	t be specific and cannot be more than five business days prior to or 90 deserors not meet the applicable statutory filing requirements, this date will not rement of State's records.
EV: Effective date, if other than the retive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. SAL SERVICES REQUIRED SIGNATURE: Disguistance This document is	es not meet the applicable statutory filing requirements, this date will not rement of State's records. So Alejandro Moncada Visto of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. SAL SERVICES REQUIRED SIGNATURE: Dieg Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not rement of State's records. So Alejandro Moncada Visto of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State
EV: Effective date, if other than the effective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department of the EVI: Other provisions, if any. SAL SERVICES REQUIRED SIGNATURE: Disgrature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not rement of State's records. So Alejandro Moncada Visto of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. If any SERVICES REQUIRED SIGNATURE: Discontinued in this document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not rement of State's records. Po Alejandro Moncada Visto of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the retive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depa EVI: Other provisions, if any. SAL SERVICES REQUIRED SIGNATURE: Disg. Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not rement of State's records. Po Alegandro Moncada Visto of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. If any SERVICES REQUIRED SIGNATURE: Discontinued in this document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not rement of State's records. Po Alejandro Moncada Visto of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.