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To:

Division of Corporations

acr..

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.

info@yourdreamms.com Email Address:___

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RAMAR D' LEUXE LLC

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Corporate Filing Menu

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COVER LETTER

TO: **New Filing Section** Division of Corporations

RAMAR D' LEUXE LLC SUBJECT: Name of Limited Liability Corpus

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN SEBASTIAN EZQUIVEL BALDAZO Name of Person dwin (zguwel 2800 WESTON RD Attes WESTON FL 33331 City/State and Zip Cale LASURECOMPANNY@GMAIL.COM

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

For further information concerning this matter, please call:

EDWIN EZQUIVEL

LARLAN DATA TIPER I LANGE CO. Enclosed is a check for the following amount: LEUXF = CCg Fee S130:00 Filing Fee & S155:00 Filing Fee & Critic Chilicate of Status Certified Copy ■\$125.00 Filing Fee □\$160.00 Filing Fee. Certificate of Status & (additional copy is enclosed) Certified Copy jertifie . . opv (additional copy is end coe.c) lage Collist 5.00 Stimate 1 Charg MailingAddress - Street Address New Filing Section New Filing Section Division The Centre of Tallahassee Division of Corporations 2415 N. Monroe Street, Suite 810 P.O. Box 6327 _ __ Tallahassee, FL 32303 Tallahassee, FL 32314

From: Your dream

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (((H22000230093)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAMAR D' LEUXE 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:	Maning Address:
2800 WESTON RD	2800 WESTON RD
WESTON FL 33331	WESTON 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:

YOUR DREA	M MULTISERVICE	ES CORP
	Niro	
8300 NW	53 RD ST SUITE 3:	50
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33166
City .	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 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 Opptr 605, ISS

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	Title:	Name and Address:			
	"AMBR" = Authorized Member "MGR" = Manager				
	AMBR	EDWIN \$ EZQUIVEL BALDAZQ			
					
					
			 		
	(Use attachment if necessary)				
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