

C22000416729

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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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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

**FLORIDA LIMITED LIABILITY CO.
FOXTROT TANGO AR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 SEP 26 AM 9:53

FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

22 SEP 26 PM 12:35

105

09/26/2022

SUBJET: FOXTROT TANGO LLC

REF: W22000121625

FAX AUD. #:H22000328295

Letter Number:122A00021302

Genesis R Kersey

Good morning, the name requested for the company was FOXTROT TANGO AR LLC which does not exist. The subject of the note that you sent us on September 23 says FOXTROT TANGO LLC without the word AR, so we believe there has been an error and it could be registered with the requested name.

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TALLAHASSEE, FLORIDA



September 23, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REAL DREAMS USA LLC

SUBJECT: FOXTROT TANGO LLC
REF: W22000121625

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: E22000328295
Letter Number: 122A00021302

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOXTROT TANGO AR 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:

2535 NE 193rd st UNIT 3203
MIAMI, FL 33180

2535 NE 193rd st UNIT 3203
MIAMI, FL 33180

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 107A

Florida street address (P.O. Box **NOT** acceptable)

DANIA BEACH

FL

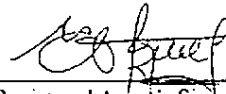
33004

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 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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TALLAHASSEE, 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

DIAZ ARAINTE, FEDERICO
2535 NE 193rd st UNIT 3203
MIAMI, FL 33180

MGR

CANTERO, JOAQUIN
2535 NE 193rd st UNIT 3203
MIAMI, FL 33180

(Use attachment if necessary)

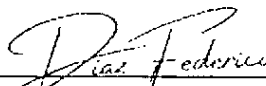
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

DIAZ ARAINTE, FEDERICO

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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STATE OF FLORIDA
TALLAHASSEE

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