

**L22000430017**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.com

**FLORIDA LIMITED LIABILITY CO.  
LA ESTACADA LLC**

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

2022 OCT -5 AM 8:54

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TALLAHASSEE, FLORIDA

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*CA*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA ESTACADA 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:

15751 SHERIDAN STREET SUITE 209  
SOUTHWEST RANCHES, FL 33331

15751 SHERIDAN STREET SUITE 209  
SOUTHWEST RANCHES, 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:

REAL DREAMS USA LLC

Name

850 NE 3RD STREET 107A

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

<u>DANIA BEACH</u>	<u>FLORIDA</u>	<u>33004</u>
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)

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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

PALMIRO, PABLO  
15751 SHERIDAN STREET SUITE 209  
SOUTHWEST RANCHES, FL 33331

MGR

SABINA, GERARDO  
15751 SHERIDAN STREET SUITE 209  
SOUTHWEST RANCHES, FL 33331

\_\_\_\_\_

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\_\_\_\_\_

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(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:**

*Palmiro Pablo*

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.

PALMIRO, PABLO

Typed or printed name of signer

**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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