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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. NEW NAME  
DJN LLC DAREU LLC

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

2022 NOV -2 PM 3:23

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

22 NOV -2 PM 12:35

FILED

Handwritten initials

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAREU 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:

6535 E Hillsborough Ave  
Tampa, FL 33610

6535 E Hillsborough Ave  
Tampa, FL 33610

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	FLORIDA	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)

22 NOV -2 PM 12:35  
SECRET  
STATE OF FLORIDA  
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:**

**Name and Address:**

"AMBR" – Authorized Member

"MGR" = Manager

MGR

OLIVERA NESTOR

6535 E Hillsborough Ave

Tampa, FL 33610

AMBR

VALENTINO JORGE

6535 E Hillsborough Ave

Tampa, FL 33610

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

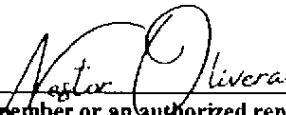
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

NESTOR OLIVERA

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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 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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November 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REAL DREAMS USA LLC

SUBJECT: DJN LLC  
REF: W22000138285

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. #: H22000373117  
Letter Number: 922A00024615

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