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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

Account Name : CORPOLICENSE, INC

Account Number : I20050000118 Phone : (305)774-9606 Fax Number : (305)774-9660

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. DEVELOPING DREAMS CONTRACTOR, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF. DEVELOPING DREAMS CONTRACTOR, LLC

ARTICLE 1 - NAME:

The name of the Limited Liability Company Is:

DEVELOPING DREAMS CONTRACTOR, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS:

4381 SW 159th Path Miami, FL 33185

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: RUBEN GONZALEZ

RUBEN GONZALEZ 4381 SW 159th Path Miami, FL 33185

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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

MGR RUBEN GONZALEZ

4381 SW 159th Path Miami, FL 33185

Ruben/Gonzalez

Manager

ARTICLE V - EFFECTIVE DATE:

The effective date of the business will be JANUARY 01, 2023

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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