E 1 of 3

rida Department of State

From: +17862260501 (Real Dreams USA)

Division of Corporations Electronic Filing Cover Sheet

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(((H23000018923 3)))



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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. FRALUJUANI PROJECTS LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



(3)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FRALUJUANI PROJECTS 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:

From: +17862260501 (Real Dreams USA)

Principal Office Address:	<u>Mailing Address:</u>
2930 POLYNESIAN ISLE BLVD	2930 POLYNESIAN ISLE BLVD
KISSIMMEE-FLORIDA 34746	KISSIMMEE-FLORIDA 34746

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 US	A LLC	
	Name	
6067 HOLLYWOOD	BLVD SUITE 207	7
Florida street address	s (P.O. Box <u>NOT</u> ac	rceptable)
HOLLYWOOD	Fl.	33024
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, FS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. LE VI: Other provisions, if any. 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. LUCIANO IERACE 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)	Title: "AMBR" – Authorized Member	Name and Address:	
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		KISSIMINEE-PLOKIDA 34740	
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