

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

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Email Address: info@realdreams-usa.com

FLORIDA LIMITED LIABILITY CO. PINK T REX LLC

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

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Help



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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PINK T REX 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:2930 POLYNESIAN ISLE BLVD2930 POLYNESIAN ISLE BLVDKISSIMMEE-FLORIDA 34746KISSIMMEE-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:

A LLC	
Name	
BLVD SUITE 207	7
(P.O. Box <u>NOT</u> ac	cceptable)
FL	33024
	BLVD SUITE 207 (P.O. Box NOT ac

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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(Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	Title: "AMBR" - Author "MGR" = Manage		Name and Address:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisecument's effective date on the Department of State's records. CLE 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 Statites, 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. JULIETA SEMPIO Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	-		JULIETA SEMPIO 2930 POLYNESIAN ISLE BLVD		
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