

L230000035470

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 : YOUR DREAM SERVICES CORP.
Account Number : 120200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****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@yourdreamms.com

**FLORIDA LIMITED LIABILITY CO.
HERNANDEZ & MATIAZI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2023 5 11:10:18

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HERNANDEZ & MATIAZI LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GISELE MATIAZI CAMPOS

Name of Person

Gisela Matiazi
Firm/Company

5990 NE 4TH CT

Address

MIAMI FL 33137

City/State and Zip Code

GISEMATIAZI@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISELE CAMPOS +593 8803107
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERNANDEZ & MATIAZI 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:5990 NE 4TH CTMIAMI FL 331375990 NE 4TH CTMIAMI FL 33137

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:

YOUR DREAM MULTISERVICES CORPN/A8300 NW 53RD ST SUITE 350Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33166CityStateZip

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 ~~his~~ *his* 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~~ *Chapter* 605, FS.

Stefania Troconia
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:**Name and Address:**

"AMBR" = Authorized Member

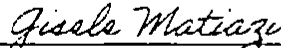
"MGR" = Manager

AMBRYOUR DREAM MULTISERVICES CORP8300 NW 53RD ST SUITE 350MIAMI FL 33166MGRGISELE MATIAZI CAMPOS5990 NE 4TH CTMIAMI FL 33131MGRCAMILO SEBASTIAN HERNANDEZ VALENCIA5990 NE 4TH CTMIAMI FL 33131

(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.ANY ALL LEGAL IN THE USA**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.

GISELE MATIAZI CAMPOS

Typed or printed name of sign

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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