

L23000066603

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

P&S Dreaming LLC

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

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AS

DocuSign Envelope ID: A2F29168-035D-4264-B3E4-14869C3EC44A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

P&S Dreaming LLC

(Must end with 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:**29475 and 29477 Peace River Shores Blvd
Punta Gorda, FL 339821004 3rd St, Jewell, IA 50130**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:

Registered Agent Solutions, Inc

Name

155 Office Plaza Dr Suite AFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.

Jose Mojica, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR

Name and Address:

Mark Curtis Anderson,

1004 3rd St, Jewell, IA 50130

MGR

Rhonda Carl Anderson

1004 3rd St, Jewell, IA 50130

AMBR

PLAIN AND SIMPLE INVESTMENTS LIMITED PARTNERSHIP

1004 3rd St, Jewell, IA 50130

(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:

DocuSigned by:

Mark Curtis Anderson

023160816067163

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.

Mark Curtis Anderson,

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)

\$ 5.00 Certificate of Status (Optional)

850-617-6381

2/10/2023 9:11:36 AM PAGE 1/001 Fax Server



February 10, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: SOUTHERN DREAMS INVESTMENTS, LLC
REF: W23000018084

We have received your document for SOUTHERN DREAMS INVESTMENTS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

ARCEDRA JOHNSON
Regulatory Specialist IIFAX Aud. #: H23000052131
Letter Number: 523A00003231