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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.

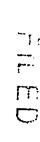
Email Address: info@realdreams-usa.com

FLORIDA LIMITED LIABILITY CO. SYR AND SONS LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SYR AND SONS 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 :	Mailing Address:	
6067 HOLLYWOOD BLVD	6067 HOLLYWOOD BLVD	
SUITE 207 #159	SUITE 207 #159	
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024	

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>SOT</u> ac	eceptable)
HOLLYWOOD	17L_	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, F.S.

Registered Agent s Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- The name and address of each person at	othorized to manage and control the Limited Liability Company:
Title: "AMBR" - Authorized Member "MGR" = Manager	Name and Address:
MGR	ARTURO PEREZ ARRIBILLAGA 6067 HOLLYWOOD BLVD SUITE 207 #159 HOLLYWOOD, FL 33024
the date of filing.)	c of filing:
REQUIRED SIGNATURE:	· · · · ·
This document is execu I am aware that any fals	ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.317.155, F.S.
	ARTURO PEREZ ARRIBILLAGA
	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)

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