

L23000070531

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : REAL DREAMS USA LLC
Account Number : 120220000065
Phone : (786)420-1297
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2023
Feb 14 PM 12:21

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.
THE ELDERS INVESTMENTS LLC

NEW NAME
ELDERS INVEST 2023 LLC

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

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AM 4:39

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February 14, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REAL DREAMS USA LLC

SUBJECT: THE ELDERS INVESTMENTS LLC
REF: W23000020276

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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Monique K Anderson
Regulatory Specialist I
Certification Section

FAX Aud. #: H23000056248
Letter Number: 523A00003523

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELDERS INVEST 2023 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:

6067 HOLLYWOOD BLVD

SUITE 207 #157

HOLLYWOOD, FL 33024

Mailing Address:

6067 HOLLYWOOD BLVD

SUITE 207 #157

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 USA LLC

Name

6067 HOLLYWOOD BLVD SUITE 207

Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD

FL

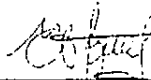
33024

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

ARTURO PEREZ ARRIBILLAGA

6067 HOLLYWOOD BLVD SUITE 207 #157

HOLLYWOOD, FL 33024

(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:

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.

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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