3000 141489 Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. YOUR DREAM DESTINATION LLC

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTION D.	OTHER A
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Company is:	
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ARTICLE II - Address:	OR LL
ARTICLE II - Address:	
naming address and street address.	
Company is:	icipal office of the Limited Time
The mailing address and street address of the print Company is: 8/72 NW 10 St Apt 2	The Limited Liability
1 8/22 1111/201/20/	
-0176NW 1051 Apt 2	41'
17510	-10,au + 22121
	22/26
ARTICLE III - Registered Agent, Registered Office:	
The name and the raise Agent, Registered Office:	
Company same and the Florida street address of the reg	istored
The name and the Florida street address of the reg Company cannot serve as its own Registered Agent. You must designate or with an active Florida registration	istered agent are: (The Limite: Liability
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ARTICLE IV	
The name and title of each person outhering to	
The name and title of each person authorized to ma Liability Company: (MGR or AMBR)	nage and control the Limited
y company. (MGR of AMBR)	3
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

28 PH 12: 353 SSEE, FLORIDA