L2300015 168:

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 : REAL DREAMS USA LLC Account Number : 720220000065
Phone : (786)420-1297

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. MANANTIAL GROUP LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANANTIAL GROUP 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:
067 HOLLYWOOD BLVD	6067 HOLLYWOOD BLVD
UITE 207 #170	SUITE 207 #170
OLI VAVOVID EL 33094	HOLLYWOOD EL 330%

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	
Florida street address	(P.O. Box NOT acce	ptable)
HOLLYWOOD	FLORIDA	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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signatore (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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*********	A contract and A Combine	Name and Address:
MGR" = N	Authorized Member anager	
		JEAN CARLO ALARCON ZAMORANO
<u> </u>		6067 HOLLYWOOD BLVD SUITE 207 #170
		HOLLYWOOD, FL 33024
MGR		GILĐA MUNOZ CONTRERAS
1715/15		GILDA MUNOZ CONTRERAS 6067 HOLLYWOOD BLVD SUITE 207 #170
		HOLLYWOOD, FL 33024
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LE V: Effecti fective date is of filing.) f the date inso unent's effect. E VI: Other	we date, if other than to listed, the date must erted in this block docaive date on the Departments of the provisions, if any,	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.
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LE V: Effective date is of filing.) If the date insoment's effective date insoment's effective date.	ve date, if other than to listed, the date must be listed, the date must be listed in this block doc live date on the Department of the De	of a member or an authorized representative of a member. exercise information submitted in a document to the Department of State lates in formation submitted in a state information submitted in a s

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