5/2/23, 9:14 AM

Division of Corporations

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Division of Corporations Electronic Filing Cover Sheet

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(((H230001635593)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I20200000137 : (786)660-0108 Phone Fax Number : (786)364-1047

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@vourdreamms.com

FLORIDA LIMITED LIABILITY CO.

Virtual America LLC

Certificate of Status	l l
Certified Copy	l
Page Count	01
Estimated Charge	\$160.00

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Help

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SUBJECT,			of Limited l	.iability Co	rjary	 -	
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	Miami, Flor	ida 33179					
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		E-mail address: (to b	e used for fu	ture annual i	report notificat	ion)	
For further in:	formation co	ncerning this matter,	please call:				
;	Nicolas Ciril	lo	305 at (949	1717		
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The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

New Filing Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (FE30.01635593)

ARTICLE I - Name:

The name of the Limited Liability Company is:

Virtual America 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:
1611 No 185th St	1611 No 185th St
Miami, Florida 33179	Miami, Florida 33179

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.)

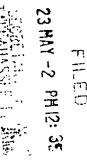
The name and the Florida street address of the registered agent are:

Your Dream Multise	ervices Corp	
	Mina	
8300 Nw 53rd St Su	ite 350	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33166
(ý,	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 **I** is 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 Open 605, IS

Assman Torres
Registered Agent's Signature (REQ) RED

(CONTINUED)



(H230001635593)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Fernando Bercovich Portela 790 Buenos Aires, Argentina 1406
MGR	Gabriel Nicolas Lampart Ayacucho 1744 IC Buenos Aires, Argentina 1112
AMBR	Nicolas Cirillo 1611 Ne 185th St Miami Florida 33179
(Use attachment if necessary)	
CLEV: Effective date, if other than the effective date is listed, the date must be site of filing.) If the date inserted in this block does recument's effective date on the Departm CLEVI: Other provisions, if any.	date of filing:
CLEV: Effective date, if other than the effective date is listed, the date must be site of filing.) If the date inserted in this block does recument's effective date on the Departm CLEVI: Other provisions, if any.	e 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 liment of State's records.
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ICLEV: Effective date, if other than the deffective date is listed, the date must be note of filing.) If the date inserted in this block does nocument's effective date on the Departm ICLEVI: Other provisions, if any, and All Lawful Business, REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any	we 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 liment of State's records. Wicolas Circlo a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)