

L23000251192

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001882793)))



H230001882793ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : REAL DREAMS USA LLC
Account Number : I20220000065
Phone : (786)428-1297
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

STATE OF FLORIDA
DIVISION OF STATE
AGENCIES
TALLAHASSEE, FL

2023 MAY 22 PM 3:17

FILED

RECEIVED
2023 MAY 22 PM 2:01
FLORIDA DIVISION OF STATE
AGENCIES
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
LP INVEST GROUP LLC

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

[Electronic Filing Menu](#) [Corporate Filing Menu](#)

[Help](#)

CH

(((H23000188279 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LP INVEST 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:1309 MAJESTY TERRACE
WESTON, FL 33327Mailing Address:1309 MAJESTY TERRACE
WESTON, FL 33327**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 207Florida street address (P.O. Box NOT acceptable)HOLLYWOOD FLORIDA 33024

City

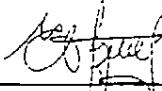
State

Zip

2023 MAY 22 PM 3:17
ATTORNEY GENERAL
FLORIDA
TALLAHASSEE, FL

FILED

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)**

(((H23000188279 3)))

(((H23000188279 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:'AMBR" = Authorized Member
'MGR" = Manager**Name and Address:**MGR

MOLINA UBERTI, NICOLAS
1309 MAJESTY TERRACE
WESTON, FL 33327

2023 MAY 22 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(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.

NICOLAS MOLINA
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)

(((H23000188279 3)))