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.

(((H23000202579 3)))



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

From: +17862260501 (Real Dreams USA)

Phone

Account Number : 120220000065

Fax Number

(786)420-1297

: (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. ORTEGA E ISLA INVESTMENTS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



To: +18506176381

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### ORTEGA E ISLA INVESTMENTS 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:

2930 POLYNESIAN ISLE BLVD KISSIMMEE- FLORIDA 34746 2930 POLYNESIAN ISLE BLVD KISSIMMEE- FLORIDA 34746

## 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)

State

HOLLYWOOD

FLORIDA 3

City

7

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 Agents Signature (REQUIRED)

(CONTINUED)

(((H23000202579 3)))

2023 JUN -5 PM 2: 2 SECRETARY OF STATE

(((H23000202579 3)))

Title: "AMBR" - Authorized Member "MGR" = Manager	Name and Address:	
MGR	ORTEGA RIQUELME, EDGAR 2930 POLYNESIAN ISLE BLVD KISSIMMEE- FLORIDA 34746	- - -
AMBR	ISLA RIQUELME. MARIELY 2930 POLYNESIAN ISLE BLVD KISSIMMEE- FLORIDA 34746	- - -
		- - -
<del></del>		-
(Use attachment if necessary)		
If an effective date is listed, the date must be ne date of filing.)	ate of filing:	•
REOUIRED SIGNATURE:	Office Phlyon	
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
	EDGAR ORTEGA Typed or printed name of signee	
	Filing Fees:	2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ECRETICATION OF STATE (H23000202579 3) PM 2: 2