

L23000283678

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.

((H23000212047 3)))



H230002120473ABCV

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 : 120220000065
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

RECEIVED
 2023 JUN 13 AM 9:04
 CORPORATIONS
 COMMERCIAL
 SERVICES

FLORIDA LIMITED LIABILITY CO.
CENTRO DE TERAPIA INTEGRAL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
 2023 JUN 13 PM 4:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H23000212047 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTRO DE TERAPIA INTEGRAL 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:

6067 HOLLYWOOD BLVD
SUITE 207 #176
HOLLYWOOD, FL 33024

Mailing Address:

6067 HOLLYWOOD BLVD
SUITE 207 #176
HOLLYWOOD, FL 33024

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

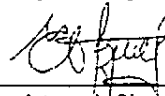
Name

6067 HOLLYWOOD BLVD SUITE 207

Florida street address (P.O. Box **NOT** acceptable)

<u>HOLLYWOOD</u>	<u>FLORIDA</u>	<u>33024</u>
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 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)

((H23000212047 3)))

2023 JUN 13 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

((H23000212047 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

SCHAFFNER BOFILL, ARNOLDO
6067 HOLLYWOOD BLVD SUITE 207 #176
HOLLYWOOD, FL 33024

(Use attachment if necessary)

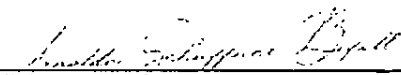
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

ARNOLDO SCHAFFNER BOFILL

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)

((H23000212047 3)))