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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REAL DREAMS USA LLC

Account Number : I20220000065 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.

info@realdreams-usa.com Email Address:

FLORIDA LIMITED LIABILITY CO. LION GLOBAL SALES CONSULTING LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LION GLOBAL SALES CONSULTING 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:

From: +17862260501 (Real Dreams USA)

Principal Office Address: Mailing Address: 2930 Polynesian Isle Blvd 2930 Polynesian Isle Blvd Kissimmee, FL 34746 Kissimmee. FL 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 US | A LLC | |
|------------------------|------------------------|-------------|
| | Name | |
| 6067 HOLLYWOOD | BLVD STE 207 | |
| Florida street address | (P.O. Box NOT a | ecceptable) |
| HOLLYWOOD | Fl | 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

To: +18506176381

| Title: "AMBR" - Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MGR | YORNO, ALAN MARCELO 2930 Polvnesian Isle Blvd Kissimmee, FL 34746 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| in effective date is listed, the date must be date of filing.) | date of filing: |
| FICLE VI: Other provisions, if any. | ent of State's records. |
| | |

Signature of a member or an authorized representative of a member. Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Stapules 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.

YORNO, ALAN MARCELO

Typed or printed name of signce

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)