Division of Corporations Electronic Filing Cover Sheet

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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.

Email Address: info@realdreams-usa.com

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FLORIDA LIMITED LIABILITY CO. VENAKON LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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To: +18506176381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

VENAKON 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:

6067 HOLLYWOOD BLVD	6067 HOLLYWOOD BLVD
SUITE 207 #184	SUITE 207 #184
HOLLYWOOD, FL 33024	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:

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Name

6067 HOLLYWOOD BLVD SUITE 207

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

HOLLYWOOD	FLORIDA	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

attachment if necessary) Effective date, if other than the date of filing: e date is listed, the date must be specific and cannot ng.) date inserted in this block does not meet the applicable's effective date on the Department of State's records: Other provisions, if any. Signature of a member or an auth This document is executed in accordance I am aware that any false information submiconstitutes a third degree felony as provide JOSE SCA Typed or printe	IACONO, GUIDO 1ACONO, GUIDO 1ACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, GUIDO 1ACONO, FL 33024 IACONO, GUIDO 1ACONO, GUIDO 1ACONO	attachment if necessary) Effective date, if other than the date of filing: I date is listed, the date must be specific and cannot be more than five busing.) attainment of this block does not meet the applicable statutory filing requires a effective date on the Department of State's records. Other provisions, if any. Signature of a member or an authorized representative of the provisions, if any. Signature of a member or an authorized representative of the provisions are that any false information submitted in a document to constitutes a third degree felony as provided for in s.817.155. F.S. JOSE SCACCHI Typed or printed name of signee Filing Fees: 5.00 Filing Fee for Articles of Organization and Designation of Registers			
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