

L23000542463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

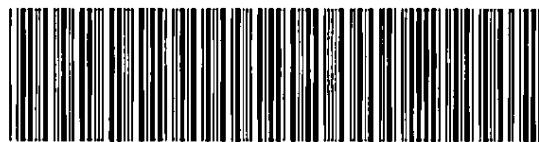
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CT CORP
(850) 656-4724
3558 Lakesore Drive
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Date: 12/07/2023 *encl DHL*
Acc#I20160000072

Name:	VE Dream Maker LLC
Document #:	
Order #:	15255323

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	<input type="checkbox"/>	Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications:
	Plain: <input checked="" type="checkbox"/>	<i>vanessa@proforma.com</i>
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
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Updater _____
Verifier _____
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Ref# _____

Amount: \$ **125.00**

Thank you!

COVER LETTER

TO: **New Filing Section
Division of Corporations**

SUBJECT: **VE Dream Maker LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa M. Edwards

Name of Person

VE Dream Maker LLC

Firm/Company

512 West Davis Blvd

Address

Tampa, FL 33606

City/State and Zip Code

vanessa@proforma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Edwards	813	714-7000
Name of Person	at () Daytime Telephone Number
	Area Code	

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VE Dream Maker L.L.C.

(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:

512 West Davis Blvd
Tampa, FL 33606

Mailing Address:

512 West Davis Blvd
Tampa, FL 33606

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:

Vanessa M. Edwards

Name

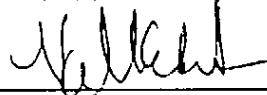
512 West Davis Blvd

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

Tampa FL 33606

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Vanessa M. Edwards, Trustee
512 West Davis Blvd
Tampa, FL 33606

(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.

Vanessa M. Edwards, Trustee

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)

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