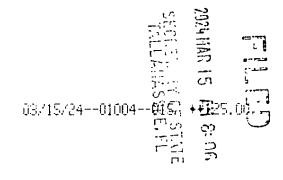
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	New Filing Sec Division of Co				
cup inc		Enterprises LLC			
SUBJEC	Т;		nited Liability Company		
The enclo	osed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please ret	urn all correspo	ondence concerning this ma	atter to the following:		
	David Baue	r, Esq.			
			Name of Person		
	Bauer Gutie	rrez & Borbon, PLLC			
			Firm/Company		
	814 Ponce I	De Leon, Suite 210			
			Address		
	Coral Gable	s, FL 33134			
	david@bgbla		ity/State and Zip Code		
		E-mail address; (to be used	for future annual report notificat	ion)	
For further	information co	oncerning this matter, please	call;		
	David Bauer	, Esq. 30	340-5959		
	Nam		rea Code Daytime Telephon		رمد مدت. م
Enclosed	is a check for t	he following amount:		18 15 15 15 15 15 15 15 15 15 15 15 15 15	
≡ \$125.0	0 Filing Fcc	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee; Certificate of Status & Certified Copy; (additional copy is enclosed)	
	<u>Mailir</u>	ng Address	Street Address		

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

Dreamgate Enterprises LLC	
(Must contain the words "Limited Liał	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal office	, ,
The mailing address and street address of the principal offic Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

Bauer Gutierrez & F	Borbon, PLLC	
	Name	
814 Ponce De Leon.	Suite 210	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Coral Gables	Florida	33134
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)

2021 HAR 15 AH 8: ng

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Alejandro Cadalso 8935 SW 149th PL Miami, FL 33196 (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: /s/ Alejandro Cadalso 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 C7 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. Alejandro Cadalso

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)