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To: +18506176381

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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.

rdreamsusa@gmail.com Email Address:___

FLORIDA LIMITED LIABILITY CO. **GROUND CONNECTION LLC**

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

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The name of the Limited Liability Company is:

2024 HAR 20 PM 1: 28

To: +18506176381

Mailing Address:

GROUND CONNECTION 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:

20801 BISCAYNE BLVD.	20801 BISCAYNE BLVD.
SUITE 403	SUITE 403
AVENTURA. FL 33180	AVENTURA, FL 33180

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:

Principal Office Address:

REAL DREAMS US	A LLC	
	Name	
6067 HOLLYWOOD	BLVD SUITE 207	
Florida street address	(P.O. Box NOT acce	ptable)
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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	PALMIRO. PABLO JESUS 20801 BISCAYNE BLVD. SUITE 403 AVENTURA. FL 33180
MGR	ALEGRE, MARIANA EDITH 20801 BISCAYNE BLVD, SUITE 403 AVENTURA, FL 33180
	
	
(Use attachment if necessary)	edate of filing: (OPTIONAL)
ICLE V: Effective date, if other than the reffective date is listed, the date must bate of filing.) If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the a effective date is listed, the date must bate of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the it effective date is listed, the date must bate of filing.) If the date inserted in this block does locument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
ICLE V: Effective date, if other than the n effective date is listed, the date must bate of filing.) If the date inserted in this block does ocument's effective date on the Department of the	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
ICLE V: Effective date, if other than the n effective date is listed, the date must be ate of filing.) If the date inserted in this block does ocument's effective date on the Department of th	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
ICLE V: Effective date, if other than the n effective date is listed, the date must be ate of filing.) If the date inserted in this block does ocument's effective date on the Department of th	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. Laboratory a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, a false information submitted in a document to the Department of State

From: +17862260501 (Real Dreams USA)

\$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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