

L24000175900

Florida Department of
Division of Corporations
Electronic Filing System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000140179 3)))



H240001401793ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS FILINGS INC
Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (786)866-6349

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: adrianm@ecfilings.com

**FLORIDA LIMITED LIABILITY CO.
ADRIAN'S DREAMWORK CONSTRUCTION LLC**

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

FILED

2024 APR 17 PM 3:01

SECRETARY OF STATE
FLORIDA

T.S.H.

4/18/24

TR

(((H24000140179 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADRIAN'S DREAMWORK CONSTRUCTION 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:3601 SW 117TH AVE, APT 407
MIAMI, FL 33175Mailing Address:3601 SW 117TH AVE, APT 407
MIAMI, FL 33175

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:

ADRIAN GONZALEZ

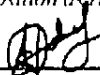
Name

3601 SW 117TH AVE, APT 407Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33175

City

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.

Adrian Gonzalez (Apr 17, 2024 16:09 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 APR 17 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H24000140179 3)))

(((H24000140179 3)))

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:

ADRIAN GONZALEZ

3601 SW 117TH AVE, APT 407

MIAMI, FL 33175

(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:

Adrian Gonzalez (Apr 17, 2024 16:09 EDT)

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.

ADRIAN GONZALEZ

Typed or printed name of signee

FILED
APR 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H24000140179 3)))