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	lo: 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: IdreamSUSa@gmail.com		
	FLORIDA LIMITED LIABILITY CO. 3205 FUNDAMENTAL LLC		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
3205 FUNDAMENTAL 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
2301 S OCEAN DRIVE APT 506 2301 S OCEAN DRIVE APT 506
HOLLYWOOD, FLORIDA, 33019 HOLLYWOOD, FLORIDA, 33019
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:
REAL DREAMS USA LLC
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.

FUE.

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:

Life: Name and Address: 'AMBR" = Authorized Member 'MGR" = Manager MGR SENTIAK, OMAR EDGARDO 2001 S OCEAN DRIVE APT 506 HOLL YWOOD, FLORIDA, 33019 AMBR SABOGAL EDGARDO PAULO 2001 S OCEAN DRIVE APT 506 HOLL YWOOD, FLORIDA, 33019 AMBR SABOGAL EDGARDO PAULO 2001 S OCEAN DRIVE APT 506 HOLL YWOOD, FLORIDA, 33019 AMBR ESTEVEZ, VICTOR 2301 S OCEAN DRIVE APT 506 HOLL YWOOD, FLORIDA, 33019 (Use attachment if necessary) HOLL YWOOD, FLORIDA, 33019 CUse attachment if necessary) Interview date, if other than the date of filing: (Use attachment if necessary) OPTONAL) The date inserted in this block does not meet the applicable statutory filing requirements, the date will not be its sument's effective date on the Department of State's records. 2LE VI: Other provisions, if any. Image: Statute of a member or an authorized representative of a member. This document is executed in accordance with section 605 4020 (1), Foldia 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. S17.155, F.S. OMAR EDGARDO SENTIAK Typed or printed for an engineering of state status (Optional) S 3.000 Certificat of Status (Optional) Tiging Feec for Art						
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