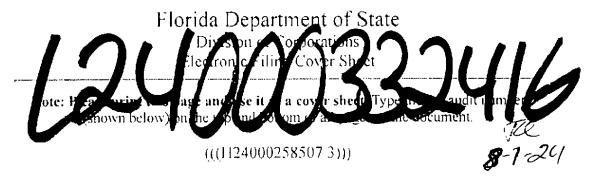
(((H240002585073)))





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 : YOUR DREAM SERVICES CORP.

Account Number : I20200000137 Phone : (786)660-0108 : (786)364-1047 Fax Number

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

Email Address: INFO@YOURDREAMMS.COM

FLORIDA LIMITED LIABILITY CO. RIDER WOLFE LLC

Certificate of Status	()
Certified Copy	l l
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H240002585073)))

COVER LETTER

		CO	VERTELLER			
	New Filing Sec Division of Co					
et:bire	orr.	RIDE	R WOLFE LLC			
SUBJEC	, Fi	Name of Lin	ited Liability Corpay			
The enci	osed Articles of	Organization and fee(s) are	submitted for filing.			
Please re	turn all correspo	ondence concerning this ma	tter to the following:			
		LUIS MAN	CEL HERNADEZ LIENDO			
			Name of Perch			
			L Hernandez Lien Firm/Company TERRACE, UNIT 5 APT 0	do		
			Athes			
		PE	MBROKE PINES, FL., 33024	.	2024 JUL 31 SEGN (118	6F 17-10
			ity/State and Zip Ci ole y6891776@gmail.com	:	- · ·	
		E-mail address; (to be used	for future annual report notificat			-
For furthe	r information co	ncerning this matter, please	call:	í	PH 1:08	
	LUIS HERN	ADEZ 78	io 246-0350		m w	
	Nico		rea Code Daytime Telephon	e Number		
Enclosed	l is a check for t	he following amount:				
□\$125.	00 Filing Foe	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Fi Certificate of Certified Cop (additional copy	f Status & oy	
		ngAddress Filing Section	Street Address New Filing Section D	ivision		

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

(0112400025850731))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIDER WOLFE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

1821 PEMI

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
ENW 96 TERRACE, UNIT 5 APT O	1821 NW 96 TERRACE, UNIT 5 APT O
IBROKE PINES, FL. 33024	PEMBROKE PINES, FL. 33024

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:

ILTISERVICES CO	RP
מונאל	
s (P.O. Box <u>NOT</u> ac	cceptable)
FL	33178
State	Zip
	Ni 13 s (P.O. Box <u>NOT</u> ac FL

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. Thereby accept the appointment as registered agent and agree to act in fix affacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the am familiar with and accept the obligations of my position as registered agent as provided for in Oup to 605. Fig. 1

Registered Agent's Signature (REQ) HED

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

(((H24000258507.3)))

From, Your dream

$\frac{\text{Title:}}{\text{"AMBR"}} = \text{Autl}$	Name and Address: portized Member		
"MGR" = Mana	ger		
MGR	LUIS MANUEL HERNADEZ LIENDO 1821 NW 96 TERRACE, UNIT 5 APT O PEMBROKE PINES, FL., 33024		- -
			-
		-	_
			-
			-
			_
			_
(Use attachment	ate, if other than the date of filing.	OPTIONAL)	
FIGLE V: Effective c n effective date is list date of filing.) e: If the date inserted document's effective	ate, if other than the date of filing	lays prior to or 90	
FIGLE V: Effective of a effective date is list date of filing.) [62] If the date inserted document's effective FIGLE VI: Other providing air transportation	ate, if other than the date of filing	bys prior to or 90	
FIGLE V: Effective of a effective date is list thate of filing.) e: If the date inserted document's effective of file of the date inserted document's effective of the file o	ate, if other than the date of filing	bys prior to or 90	
FIGLE V: Effective can effective date is listed to efficing.) (c) If the date inserted document's effective ficked in transportation consulting and transportation.	ate, if other than the date of filing	bys prior to or 90	
FIGLE V: Effective of a effective date is list date of filing.) [62] If the date inserted document's effective FIGLE VI: Other providing air transportation	ate, if other than the date of filing	bays prior to or 90 s, this date will no	2021 JUL 3 I
riclev: Effective of a effective date is list and of filing.) e: If the date inserted document's effective riclevit. Other providing air transportation consulting and transportation consulting and transportation.	ate, if other than the date of filing	s, this date will no	2021 JUL 31 PM 1

2024-07-31 19 16 37 GMT