

((H24000258507 3)))

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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8-7-24



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

From: Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

2024 JUL 31 PM 1:08
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

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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

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TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
RIDER WOLFE LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RIDER WOLFE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS MANUEL HERNANDEZ LIENDO

Name of Person

Luis Manuel Hernandez Liendo
Firm/Company

1821 NW 96 TERRACE, UNIT 5 APT O

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code
Sky6891776@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS HERNANDEZ 786 346-0350
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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:

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

Principal Office Address:

1821 NW 96 TERRACE, UNIT 5 APT O
PEMBROKE PINES, FL 33024

Mailing Address:

1821 NW 96 TERRACE, UNIT 5 APT O
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:

YOUR DREAM MULTISERVICES CORP

Not

9554 NW 41ST ST

Florida street address (P.O. Box NOT acceptable)

DORAL

FL

33178

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 ~~his~~ capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in ~~Chapter~~ 605, F.S.E.FL

Isamar Torres

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FL

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	LUIS MANUEL HERNANDEZ LIENDO 1821 NW 96 TERRACE, UNIT 5 APT O PEMBROKE PINES, FL 33024

(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:
Providing air transportation services, including passenger and cargo flights. Additionally, offering aviation consulting and training services, as well as aircraft maintenance and management

REQUIRED SIGNATURE:

Luis Manuel Hernandez Liendo
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.
LUIS MANUEL HERNANDEZ LIENDO
Typed or printed name of signee

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2024 JUL 31 PM 1:08
CLERK OF THE
DEPARTMENT OF
STATE

Filing Fees:

- \$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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