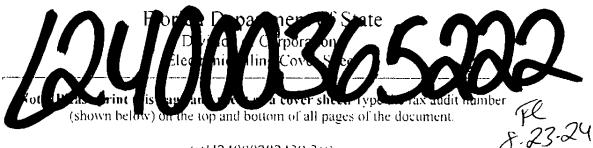
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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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

: (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.**

INFO@YOURDREAMMS.COM

FLORIDA LIMITED LIABILITY CO. PRO-REI LLC

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

Electronic Filing Menu — Corporate Filing Menu —

Help

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	COVE	CR LETTER		
	Filing Section sion of Corporations			
	PRO-REI LLC			
SUBJECT: _	Name of Limite	ed Liability Corpry		
The enclosed ,	Articles of Organization and fee(s) are s	ubmitted for filing.		
Please return a	all correspondence concerning this matte	er to the following:		
М	laria Luisa D'abreau		25.50 10.50 10.00	anai siic oo pa il: L5
		Name of Perch		
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74	437 Nw 112th Pl		STAT	
		Altes	—— ——— •	,,
Do	oral, Florida 33178			
	City	/State and Zip Cole		
mai	ridabreau@gmail.com			
	E-mail address: (to be used fo	r future annual report notification)		
For further infor	rmation concerning this matter, please ca	all:		
Ма	aria Luisa D'abreau 786 at (
 .		Code Daytime Telephone Number		
Enclosed is a c	check for the following amount:			
□\$125.00 Fil	ling Fee St30.00 Filing Fee & Certificate of Status	Certified Copy Certificate additional copy is enclosed) Certified C	Filing Fee, of Status & Topy opy is end one o	ា
	MailingAddress	Street Address		
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee		
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

PRO-RELLEC

(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:
7437 Nw 112th PI	7437 Nw 112th PI
Doral, Florida 33178	Doral, Florida 33178
	

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:

Your Dream Multiservices Corp				
	מואה			
9554 Nw 41st St				
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)		
Doral	Florida	33178		
Ch/	State	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company lpha the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in its 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 Clapte 605, FS

(CONTINUED)

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	Authorized Member	Name and Address:	
" MGR " = M	lanager		
<u>MGR</u>		Maria Luisa D'abreau	
		7437 Nw. 112th Pl Doral, Florida 33178	
		assaug Filanda (1977)	
MGR		Brenan James Dabreau	
		7437 Nw 112th PI	
		Doral, Florida 33178	<u></u>
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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)