

L24000442080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

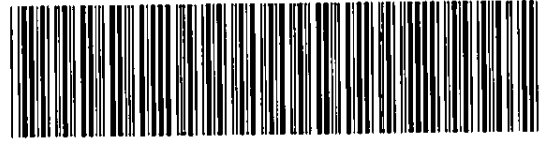
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100438122041

2024 OCT 12 PM 5:47

RECEIVED

2024 OCT 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1322

Le Reve Company LLC

Please Debit FCA000000003 For: 30

Thank you Seth Neeley



2024 OCT 19 PM 5:47

_____	Art of Inc. File_____
_____	LTD Partnership File_____
_____	Foreign Corp. File_____
<input checked="" type="checkbox"/>	L.C. File_____
_____	Fictitious Name File_____
_____	Trade/Service Mark_____
_____	Merger File_____
_____	Art. of Amend. File_____
_____	RA Resignation_____
_____	Dissolution / Withdrawal_____
_____	Annual Report / Reinstatement_____
_____	Cert. Copy_____
_____	Photo Copy_____
<input checked="" type="checkbox"/>	Certificate of Good Standing_____
_____	Certificate of Status_____
_____	Certificate of Fictitious Name_____
_____	Corp Record Search_____
_____	Officer Search_____
_____	Fictitious Search_____
_____	Fictitious Owner Search_____
_____	Vehicle Search_____
_____	Driving Record_____
_____	UCC 1 or 3 File_____
_____	UCC 11 Search_____
_____	UCC 11 Retrieval_____
_____	Courier_____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Le Reve Company 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:

ANA DE SA

Name of Person

GOLDEN HILLS SERVICES INC

Firm/Company

2940 LOOPDALE LN

Address

KISSIMMEE FL 34741

City/State and Zip Code

ANALUIZASAMELLO@GMAIL.COM

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

For further information concerning this matter, please call:

ANA DE SA

407

4215251

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Le Reve Company 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:

2940 LOOPDALE LN

KISSIMMEE FL 34741

2940 LOOPDALE LN

KISSIMMEE FL 34741

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:

GOLDEN HILLS SERVICES INC

Name

2940 LOOPDALE LN

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

KISSIMMEE

FL

34741

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..

Ana de Sa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 OCT 10 PM 0:47

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Souza da Silva, Daniel
Rod Alexandre Belloli, 2250
Criciúma sc 88816500

MGR

Maidana Martins, Jago Justen
Rua Antônio Augusto althoff 105
Criciúma, SC, 88801-018

(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:

Daniel Silva

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.

DANIEL SOUZA DA SILVA

Typed or printed name of signee

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)