

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DOCUMENT PLANET INC
 Account Number : I20180000095
 Phone : (305)510-3848
 Fax Number : (786)789-2416

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@documentplanetinc.com

FLORIDA LIMITED LIABILITY CO.
 DREAM CONSTRUCTION LLC

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

DREAM CONSTRUCTION MANAGEMENT LLC

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2025 JAN 24 PM 3:47

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAM CONSTRUCTION MANAGEMENT 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:

20291 NW 8TH ST
PEMBROKE PINES, FL 33029

Mailing Address:

20291 NW 8TH ST
PEMBROKE PINES, FL 33029

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:

DOCUMENT PLANET INC

Name

4167 NW 135TH ST

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

<u>OPA LOCKA</u>	<u>FL</u>	<u>33054</u>
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.

Onerrira Montalvan

Registered Agent's Signature (REQUIRED)

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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:

AMBR

NORBERTO D RAMIREZ
1635 WEST 44 PLACE APT 305
HIALEAH, FL 33012

(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:

Norberto Ramirez

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.

NORBERTO D RAMIREZ

Typed or printed name of signee

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