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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. THE THREE SISTERS ENTERPRISE LLC

Certificate of Status	1
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THE THREE SISTER REYNA LLC

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April 28, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR DREAM SERVICES CORP.

SUBJECT: THE THREE SISTERS ENTERPRISE LLC
REF: W25000058237

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Alexus Holloway
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000151831
Letter Number: 425A00009029

H250001518313**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE THREE SISTER REYNA 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:739 WASHINGTON AVESUITE 900610HOMESTEAD, FL 33030**Mailing Address:**P.O BOX 300610HOMESTEAD, FL 33090**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:

GLENDA ISABEL URBINA

Name

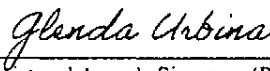
739 WASHINGTON AVE SUITE 900610Florida street address (P.O. Box **NOT** acceptable)HOMESTEADFL33030

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**H250001518313****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:AMBRGLENDIA ISABEL URBINA
739 WASHINGTON AVE SUITE 900610
HOMESTEAD, FL 33030AMBRFRANCISCO REYNA AMADOR
739 WASHINGTON AVE SUITE 900610
HOMESTEAD, FL 33030MGRGLENDIA ISABEL REYNA
739 WASHINGTON AVE SUITE 900610
HOMESTEAD FL 33030MGRADDYS MARGARITA REYNA
739 WASHINGTON AVE SUITE 900610
HOMESTEAD, FL 33030**SEE ATTACHED SHEET FOR ADDITIONAL MEMBERS****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:**

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 in s.817.155, F.S.GLENDIA ISABEL URBINA

Typed or printed name of signee

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PLEASE ADD 5TH MEMBER TO THE LIST

Title : MEMBER

Name / Address: LANI ANTONIA REYNA

739 WASHINGTON AVE SUITE 900610

HOMESTEAD, FL 33030

**The Articles of organization for the Florida Limited Liability we
are registering hast a total of 5 members.**

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