Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L25000209151

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000151831 3)))

H25000151831 3ABC-

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

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

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

2025 APR -9 PM 12:30 RECEIVED

FLORIDA LIMITED LIABILITY CO.

~~**THE THREE SISTERS ENTERPRISE LLC**~~

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

THE THREE SISTER REYNA LLC

Electronic Filing Menu Corporate Filing Menu Help

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Alexus Holloway
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000151831
Letter Number: 425A00009029

H250001518313

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

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:	**Mailing Address:**
739 WASHINGTON AVE	P.O BOX 300610
SUITE 900610	HOMESTEAD, FL 33090
HOMESTEAD, FL 33030	

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 900610
Florida street address (P.O. Box **NOT** acceptable)

HOMESTEAD	FL	33030
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..

Glenda Urbina
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H250001518313

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

Title:	Name and Address:
"AMBR" – Authorized Member "MGR" = Manager	
AMBR	GLENDA ISABEL URBINA 739 WASHINGTON AVE SUITE 900610 HOMESTEAD, FL 33030
AMBR	FRANCISCO REYNA AMADOR 739 WASHINGTON AVE SUITE 900610 HOMESTEAD, FL 33030
MGR	GLENDA ISABEL REYNA 739 WASHINGTON AVE SUITE 900610 HOMESTEAD FL 33030
MGR	ADDYS 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:

Glenda Urbina

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.

GLENDA ISABEL URBINA
Typed or printed name of signee

H250001518313

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.

H250001518313