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00388387 lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

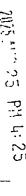
Email Address:

FLORIDA LIMITED LIABILITY CO.

Dreamer of Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	0.3
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTICIZATION ORGANIZATION FOR PLONI	DATAMITED DABITLY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Dreamer of Florida LLC	
(Must contain the words "Limited Liabilit	y 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:
1200 Brickell Ave., Suite 510	1200 Brickell Ave., Suite 510
Miami FL 33131	Miami FL 33131
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	are:
NS Company Services LLC	
NI	

Name

1200 Brickell Ave., Suite 510

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

Miami FL 33131

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..

Illegan Olizzaia	Megan Blizzard, Attori	ney-in-hact
Registered Age	ent's Signature (REQUIRED)	7,
(CON	TINUED)	FIL 2025 AUG 25 SECRETARY C ALLAHASSEE
		FH 2:26

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	Ana Cler Pinheiro de Souza 1200 Brickell Aye., Suite 510 Miami FL 33131
	
(Use attachment if necessary)	
n effective date is listed, the date must be a date of filing.) e: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed a
n effective date is listed, the date must be a late of filing.) e: If the date inserted in this block does not document's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.
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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)