M16000003547

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
• ••,	<u></u>				

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April 18, 2016

ANDREA GLENN 186 ELMWOOD AVE HEMPSTEAD, NY 11550

SUBJECT: DREAMWORKS INVESTMENT, LLC

Ref. Number: W16000024393

We have received your document for DREAMWORKS INVESTMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00006743

16 AFR 29 PH 4: 22
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporation	Ons			• .			
SUBJ	вст:		s Investment LLC					
	Name of Limited Liability Company							
The en Exister	closed "Application by Fonce, and check are submitt	oreign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Flori y company to transact b	da," Certificate of usiness in Florida		
Please	return all correspondence	concerning this matter to the	following:					
			. **					
	·	<i></i>	Indrea Glenn		<u> </u>			
		N	ame of Person					
		Danaman	d.a. laa.ataa a.a.t. 1 .1	^				
			ks Investment LL irm/Company	.U				
		_	<i>-------------</i>					
		186 E	Elmwood Ave		_			
			Address		7	三		
						言るコ		
			pstead NY 11550)		三 3 二		
· . ·	City/State and Zip Code							
		dreamworkz	64@gmail.com					
		E-mail address: (to be use	d for future annual	report not	tification)			
For fu	ther information concerni	ing this matter, please call:				見用 2		
		0 1						
		rea Glenn of Contact Person	at (<u>516</u> Area Code		59-5292 time Telephone Numbe			
	·	or condect orson	Alça Code	Day	vinc rerephone runnoc	ra .		
	MAILING ADDRESS: Division of Corporations			STREET	ADDRESS:			
	Registration Section	ns	Division of Corporations Registration Section					
	P.O. Box 6327		Clifton Building					
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	ed is a check for the follo	wing amount:						
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee of Status & Certified			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, 1	Dreamworks Investment_LLC		•
	n Limited Liability Company; must include "L		or "LLC.")
DREAMNO	KS Investmen	of FLORIDA &	<u> </u>
	nate name adopted for the purpose of transact		ame must include "Limited
2. Nevada	3.	N/A	,
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI number, if applical	ole)
4	Upon Qualification		
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	a, if prior to registration.) to determine penalty liability)	,
5.	701 N. Green Valley PK	WAY, Suite 200	naja dala
	Henderson NV 890	074	
	(St	кеј	TAS 5
6	186 Elmwood Ave, Hempstead NY	11550	EΘ
			一
	(Mailing Address)		- 29 29
7. Name and street address	of Florida registered agent: (P.O. Box N	I <u>OT</u> acceptable)	
Name:	Wren A. Chambers	-	25 #
			2 日道
Office Address:	1758 Monroe St =	+ 703	
	Hollywood	, Florida <u>330 00</u> (Zip code)	•
	(City)	(Zip code)	
designated in this applicate to complywith the provision	ristered agent and to accept service of pro- ion, I hereby accept the appointment as r ns of all statutes relative to the proper an ny position as registered agent.	registered agent and agree to act in a complete performance of my du	this capacity. I further agree
	(Registered agent	's signature)	
8. The name, title or capa	city and address of the person(s) who has/	have authority to manage is/are:	
	Andrea Gler	IN, MAWAGER.	
	186 Elmwood Ave, Hemps	tead NY 11550	
			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)	aly authenticated by the official hav is in a foreign language, a translatio	ing custody of records in the on of the certificate under oath
·	Signature of an aut	orized person	<u> </u>
TPL:	in annual annual control (As phone (A)	73 M 11 0	

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.

SECRETARY OF STATE



FILED

16 APR 29 PH 4: 22

SECRETARY OF STATE
TAIL ANASSEE, PLOND!

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DREAMWORKS INVESTMENT**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 28, 2015, and is in good standing in this state.

OUE COLOR

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 9, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160209-0416
You may verify this electronic certificate
online at http://www.nvsos.gov/-