M17000007410

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W17-41538						

Office Use Only



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DIVISION OF CONTENSION OF STATE AND STATE OF STATE AND STATE OF ST

M. MILLIGAN AUG 29 2017.



June 29, 2017

LUIS CABRERA 170 NE 212 TERR MIAMI GARDENS, FL 33179

SUBJECT: DREAM CHASER PROPERTIES, LLC

Ref. Number: W17000041538

We have received your document for DREAM CHASER PROPERTIES, 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 717A00013182

COVER LETTER

	ision of Corporatio						
SUBJECT:		R PROPERTIES, LLC				_	
		Name of	Limited Liability	Сотряну			
The enclosed Existence, as	f "Application by Fo nd check are submit	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tr ted liabilii	ensact Business in Florida, ly company to transact busi	." Certificate of iness in Florida	
Please return	all correspondence	concerning this matter to the	following:				
	Luis Cabrera						
		1	laine of Person	· · · · · · · · · · · · · · · · · · ·		-	
	Firm/Company						
	170 NE 212 Ter						
	Address						
	Miami Garden	s FL 33179					
		City/S	State and Zip Code		· · · · · · · · · · · · · · · · · · ·	_	
	Luiscabrera928(@gmail.com					
		E-mail address: (to be use	d for future annual	report no	tification)	-	
For further in	formation concernit	ng this matter, please call:					
Lui	s Cabrera		321 at(61-9768	_	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
Divi Regi P.O.	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	check for the follow 125.00 Filing Fee	ring amount: \$\Boxed{\Omega} \$130.00 \text{ Filing Fee & Certificate of Status}\$	Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

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 INTHE STATE OF FLORIDA:

L DREAM CHASER PRO	PERTIES, LLC			
(Name of Fore	rign Limited Liability Company; m	iust include "Limited Li	iability Company," "L.L.C.," or "I	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpor "LLC.")	ose of transacting busin	ess in Florida. The alternate name	must include "Limited
2. NEVADA		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted busin			
	(See sections 605.0904 & 60	15.0905, F.S. to determi	ne penaity liability)	17
5. 6440 Dallas Ave Cocoa	FL 32927			VIBION OF SE
	(Street Address o	t Principal Office)		28 역사
6. 6440 Dallas Ave Cocc		, , , , , , , , , , , , , , , , , , , ,		
0.				
	(Y4.35)			8: 5 Series
	(Mailing	g Address)		0 %
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acce	ptable)	
Name:	Registered Agents Inc.			
Office Address:	3030 N. Rocky Point Dr. S	TE 150A		
	Tampa		, Florida_33607	
	(City)		(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent	ntment as registered e proper and comple	agent and agree to act in this te performance of my duties,	capacity. I further agree
8. The name, title or capa	icity and address of the person(s) who has/have auth-	ority to manage is/are:	
LUIS CABRERA, MAN	NAGER 6440 Dallas Ave	Cocoa FL 32927		
9. Attached is a certificate	of existence, no more than 90 c	days old, duly authen	ticated by the official having co	ustody of records in the
jurisdiction under the law of the translator must be so	of which it is organized. (If the ubmitted)	certificate is in a fore	eign language, a translation of	the certificate under oath
	-			
		re of an authorized pers		
This document is executed	l in accordance with section 605	5.0203 (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.

LUIS CABRERA

SECRETARY OF STATE



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, **DREAM CHASER PROPERTIES**, 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 February 22, 2017, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 11, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170811-1505
You may verify this electronic certificate
online at http://www.nvsos.gov/