

M18 000010010

Florida Department of State
Division of Corporations
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((H18000317071 3)))



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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
DREAMSLAND LLC

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November 6, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAXLEAF.COM INC

SUBJECT: DREAMSLAND LLC
REF: W18000096972

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 alternate name that you have chosen is not available. Please select a new name.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000317071
Letter Number: 818A00022812

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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November 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DREAMSLAND LLC
14334 BISCAYNE BLVD
NORTH MIAMI, FL 33181

SUBJECT: DREAMSLAND LLC
REF: H18000317071

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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H18000317071
Letter Number: 418A00022737

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

H18000317071 3**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. DREAMSLAND LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
DREAMSLAND INTERNATIONAL LLC
(If name unavailable, alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-3990074
(FE number, if applicable)
4. NOVEMBER, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 14334 BISCAYNE BLVD
(Street Address of Principal Office)
NORTH MIAMI, FL 33181
6. 14334 BISCAYNE BLVD
(Mailing Address)
NORTH MIAMI, FL 33181

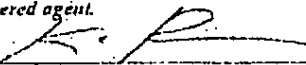
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROMAR INTERNATIONAL LLC

Office Address: 14334 BISCAYNE BLVD
NORTH MIAMI, Florida 33181
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

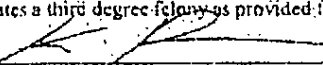
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	ROMAR INTERNATIONAL LLC 14334 BISCAYNE BLVD NORTH MIAMI, FL 33181		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.


Signature of an authorized person

KARINA ROCHA

Typed or printed name of signee

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DREAMSLAND LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE THIRTIETH DAY OF OCTOBER, A.D. 2018.



5745020 8300

SR# 20187399345

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203715620

Date: 10-30-18