## M2200015808

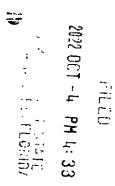
(Re	questor's Name)			
(Address)				
(Ad-	dress)	<del></del>		
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## 5.5

Registration Section

TO:

## **COVER LETTER**

dreamspell llc		
UBJECT:	me of Limited Liability Company	
	,	
	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.	
lease return all correspondence concerning this matter	to the following:	
Daniel Hernandez		
	Name of Person	
Dreamspell LLC		
	Firm/Company	
8 the green, ste b		
	Address	
Dover, Delaware, 19901		
<del></del>	City/State and Zip Code	
dhsalda@gmail.com		
E-mail address: (to)	be used for future annual report notification)	
or further information concerning this matter, please of	all:	
Daniel Hernandez	786 6331520	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: <b>FLORIDA DE</b> \$125.00 Filing Fee  \$130.00 Filing F  Certificate	ce & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE POLLOWING IN SUBMITTED TO REGISTER A FOREGOV LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate i	name adopted for the purpose of transacting business in Floric	da. The alternate name must include "Limited Li	iability Company,"	" "L. L. C, " or "L
Delaware		3 87-2644329		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	ner, if applicable)	
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	penalty liability)		
8 The Green STE	В	<sub>6</sub> 8 The Green STE B		
eet Address of Principal Office)		(Mailing Address)		
Dover DE		Dover DE 19901		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box <u>N</u>	NOT acceptable)	÷ ,.	2122 007 -4
	Northwest Registered Agent LL	.C	· · · · · · · · · · · · · · · · · · ·	PH
Name:			95	<del>-</del> -
Name: Office Address:	7901 4th St N STE 300		製造	ယ ယ
	7901 4th St N STE 300 St. Petersburg	Florida 33702	<u>\$</u> .	သ
		, Florida 33702 (Zip code)		<u>ა</u>

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Daniel Hernandez	□Manager	Name: NICOLAS DIEZ
Member	Address: cra 29a #8 sur 51	Member	Address: Cra. 67 # 1 Sur 92
□Authorized	medellin	□Authorized	Medellín
Person	antioquia, Colombia, 050022	Person	antioquia, Colombia, 050022
Other	□ Other	□Other	
□Manager	Name: NEGOCIOS Y RELACION	□Manager	Name: ANDRES QUINTERO
■Member	Address: Carrera 43 C # 4 sur 145	■Member	Address: Cra 26 #16 C Sur-31
□Authorized	Casa 156, medellin	□Authorized	Apto 403, medellin
Person	antioquia, Colombia, 050022	Person	antioquia, Colombia, 050022
□Other	Other	□Other	Other
□Мападет	Name: Andres Mejia	□Manager	Name:
■Member	Address: Cra. 26 No. 10 — 40	□Member	Address:
□Authorized	Medellim	□Authorized	
Person	antioquia, Colombia, 050022	Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DREAMSPELL 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 SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREAMSPELL LLC"

WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204330384

Date: 09-07-22