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DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Dream Auto Group LLC				
		Name of Limited Liability Company			
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning	g this matter to the following:			
	Valentina Lugo				
		Name of Person			
		Firm/Company			
	1007 N Orange St. 4th F	loor Suite #1050			
	Address				
	Wilmington Delaware 19	2801			
		City/State and Zip Code			
	agent@firstbase.io				
	E-mail	address: (to be used for future annual report notification)			
For fur	ther information concerning this ma	tter, please call:			
	Valentina Lugo	Person Area Code Daytime Telephone Number			
	Name of Contact	Person Area Code Daytime Telephone Number			
	Malling Address:	Street Address:			
	Registration Section	Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		ORIDA DEPARTMENT OF STATE			
	■ \$125.00 Filing Fee	0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate (name adopted for the purpose of transacting business in Flor	da The alternate	name must include "Limited Liability Company," "L.L.C."	or "LLC.")
Delaware		3.	(FEI number, if applicable)	
(kinsdiction indet the law of w	hich inerign limited liability company is organized)		(FEI (अधारीक्ता, १४ क्यूगीर्वेट और है)	
	(Date first transacted business in Florida, if prior to re (See section 605 0904 & 605 0905, F.S. to determine	estration)		
447 Broadway, 2nd Floor Suite #2527		6. <u>447 E</u>	Broadway, 2nd Floor Suite #2527	
eet Address of Principal Office)			Maling Address)	
New York, New York 10013		New	York, New York 10013	
				24
				APR 22 PH 3: 49
Name and street address	ss of Florida registered agent: (P.O. Box	NOT_accept	able)	~
				3
Name:	Firstbase Agent LLC		_	ယ္အ
	111 NE 1st St, 8th Floor Suite #88592			6 1
Office Address:			_	
Office Address:	Miami		33132	
Office Address:			_, Florida	
Office Address:	(City)		• •	
	,			
gistered agent's accep	etance:	ocess for th	e above stated limited liability company a	nt the place
gistered agent's accep ving been named as re ignated in this applica	,	registered a	gent and agree to act in this capacity. I j	further agree

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: Name and Address: Title or Capacity: Dream Auto Group LTD Aspanıh Ruychev ■ Manager □ Manager 447 Broadway, 2nd Floor 447 Broadway, 2nd Floor Address: □Member Address: ■ Member Suite #2527 New York, NY 10013 Suite #2527 New York, NY 10013 □ Authorized □ Authorized Person Person □ Other____ Other____ Other_ Other____ Name: □Manager Name: □ Manager □ Member Address: ☐ Member Address: _____ □ Authorized □ Authorized Person Person □ Other____ □Other____ □Other_____ Other _____ Name: □ Manager ☐ Manager Name: □Member Address: ☐ Member Address: □ Authorized □ Authorized Person _____ 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. Nonindexed 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. Valentina Lugo

Typed or printed name of signee





Page 1

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

DELAWARE, DO HEREBY CERTIFY "DREAM AUTO GROUP 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 FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREAM AUTO GROUP LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 203187448

Date: 04-04-24