

4/23/24, 10:16 AM

Division of Corporations

**LA 4000185890**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC  
Account Number : I20140000089  
Phone : (754)301-2128  
Fax Number : (954)252-4650

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@GFS TAX ACCT. COM

**FLORIDA LIMITED LIABILITY CO.  
DREAMS RENOVATION LLC**

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Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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From: Juliana dos santos



April 24, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DOSSANTOS AND MACHADO

SUBJECT: DREAMS RENOVATION LLC  
REF: W24000064403

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

FAX Aud. #: B24000147299  
Letter Number: 124A00008880

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DREAMS RENOVATION REMODELING USA LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIL VAM F DOS SANTOS  
Name of Person

GFS TAX & ACCOUNTING SERVICES  
Firm/Company

11764 W SAMPLE RD - STE 102  
Address

CORAL SPRINGS, FL 33065  
City/State and Zip Code

INFO@GFST AXACCT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS      954      957 3244  
Name of Person      at (Area Code)      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

RAFAEL R RAMILHO  
12235 LYONS ST  
JACKSONVILLE, FL 32224

AMBR

GABRIEL KRUGEL RAMILHO  
12235 LYONS ST  
JACKSONVILLE, FL 32224

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**CONSTRUCTION**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Gabriel Krugel Ramilho*

Signature of a member or an authorized representative of a member.

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.

GABRIEL KRUGEL RAMILHO

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAMS RENOVATION REMODELING USA LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12235 LYONS ST
JACKSONVILLE, FL 32224

12235 LYONS ST
JACKSONVILLE, FL 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GFS TAX & ACCOUNTING SERVICES
Name
11764 W SAMPLE RD - STE 102
Florida street address (P.O. Box NOT acceptable)
CORAL SPRINGS FL 33065
City State Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)