

F03000003983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

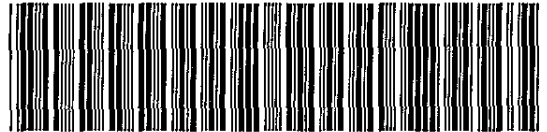
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03 AUG 12 PM 12: 54

STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

142



CORPORATION SERVICE COMPANY

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

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STATE
TALLAHASSEE, FLORIDA

Account Number: 072100000032

Client Account Number: 201393/5

Cost Limit: 70.00

Authorization: Patricia Pizito

Contact: Kimberly Moret x.1149

Corporation Name(s) & Document number(s)

- 1) NEAM FARM INC.
- 2) _____
- 3) _____
- 4) _____

Stamped Copy Certified Copy Goodstanding

Type of Filings:

New Filings	Amendment	Qualification
<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

Other:

Annual Report Fictitious Name Reinstatement

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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PM 12:54
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Dream Farm Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 30-0182661

(FEI number, if applicable)

4. June 9, 2003

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. c/o Ms. Anita Mihailovic, 109 East 37th Street, New York, NY 10016

(Principal office address)

c/o Ms. Anita Mihailovic, 109 East 37th Street, New York, NY 10016

(Current mailing address)

8. Own horse farm

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

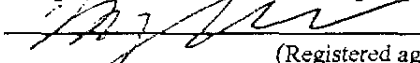
, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

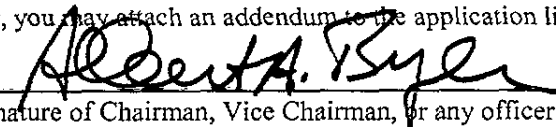
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Albert A. Byer — Secretary

(Typed or printed name and capacity of person signing application)

Dream Farm Inc.
Officers/Directors Rider

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TALLAHASSEE, FLORIDA

12. A. Directors: Anita Mihailovic
109 East 37th Street
New York, New York 10016

B. Officers:

<u>Name and Address</u>	<u>Title</u>
Jean Pierre Dubois c/o Albert A. Byer, Esq. 230 Park Avenue 10 th Floor New York, New York 10169	President
Anita Mihailovic 109 East 37 th Street New York, New York 10016	Vice President and Treasurer
Albert A. Byer 230 Park Avenue 10 th Floor New York, New York 10169	Secretary

Delaware

The First State

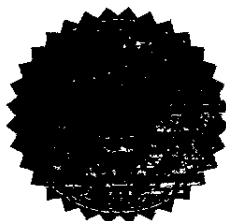
PAGE 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DREAM FARM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREAM FARM INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3667677 8300

AUTHENTICATION: 2576175

030522765

DATE: 08-11-03