

POS000009465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

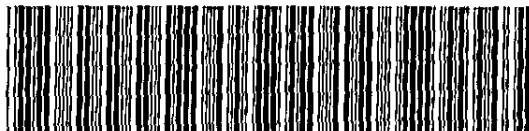
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300043278363

12/10/04 - 011116 - 000 **87.50

FILED
04 DEC 10 AM 9 36
TALLAHASSEE, FLORIDA

1/20/05
304
304-46477

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MOTH PARTNERS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CHRIS HOPKINS
Name (Printed or typed)

4504 REDWOOD DRIVE
Address

FORT PIERCE FL 34951
City, State & Zip

772 216 0384
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **MOTH PARTNERS, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **710 S. US 1 UNIT A-1
VERO BEACH FL 32962**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RESTAURANT

FILED
04 DEC 10 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **100,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**NOBUYUKI OHORI - PRES.
2916 HWY A1A
VERO BEACH FL 32963**

**AKIO MIZUNO - DIR
2916 HWY A1A
VERO BEACH FL 32963**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**C. C. HOPKINS
4504 REDWOOD DRIVE FORT PIERCE FL 34951**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**C.C. HOPKINS
4504 REDWOOD DRIVE FORT PIERCE FL 34951**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

CC H

Signature/Registered Agent

20 DEC 2004

Date

CC H

Signature/Incorporator

20 DEC 2004

Date



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 13, 2004

CHRIS HOPKINS
2306 S. KINGS HWY
FORT PIERCE, FL 34945

SUBJECT: DREAM CO.
Ref. Number: W04000045477

We have received your document for DREAM CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of 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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 204A00069426