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(Requestor's Name)	
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F-7	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT:	Pare 10 L	TE NAME - MUST INCL	C.
Enclosed are an orig	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Ower S. Name		
	1128 Ocala Tallahassee	Addiess	

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: Dream INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1128 Ozala Rd Apt C8 Tallahassee Fl 32304 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Tutoring / Education <u>ARTICLE IV</u> SHARES The number of shares of stock is: _INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ower Rahman TEO 1128 Ocala Rd Apt C8 Tallahassee F1 32304 TEO ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Ower Kahman 1128 Ocala Rd Apt T8 Tallahässee Fl 32304. ARTICLE VII INCORPORATOR

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

Signature/Registered Agent
Signature/Incorporator

The name and address of the Incorporator is:

1128 Ocala Rd Apt T8

Tallahassee F1 32304

Ower Rahman

Date 08/11/05