

P9500069760

DREAM BEANS COFFEE COMPANY, INC.  
c/o LYNN A. BROWN  
24700 Southeast Highway 42  
Umatilla, FL  
32784-8724  
(407) 669-7578

300001578803  
-09/06/95--01077--020  
\*\*\*\*122.50 \*\*\*\*122.50

State of Florida  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL  
32314-6327  
(904) 488-9000

SUBJECT: Incorporation of Dream Beans Coffee Company, Inc.

New Filings Section representative;

Enclosed herewith please find original Articles of Incorporation for Dream Beans Coffee Company, Inc. and original Certificate of Registered Agent/Office Designation.

The sum total enclosed for filing these original documents is \$ 122.50 enumerated as follows:

- \* \$ 35.00 Filing Fee
- \* \$ 35.00 Registered Agent Designation Fee
- \* \$ 52.50 Certified Copy Fee

The payment has been made payable to "Florida Secretary of State".

Cordially,

Lynn A. Brown

LAB/tb

/enclosures

D. BROWN SEP 11 1995

Articles of Incorporation  
of  
DREAM BEANS COFFEE COMPANY, INC.

FILED  
MAY 13 2003  
TALLAHASSEE, FLORIDA

The undersigned, a natural person of eighteen (18) years, acting as incorporator of a corporation under the laws of the state of Florida, hereby adopts the following articles of incorporation:

FIRST The name of the corporation is: DREAM BEANS COFFEE COMPANY, INC. .

SECOND The period of its duration is: PERPETUAL.

THIRD The Corporation is formed for the purpose of transacting business in the wholesale and retail procurement and distribution of coffee, coffee related equipment, and any or all lawful business for which a corporation may be incorporated in the United States, the State of Florida, or any other state, country, territory, or nation.

FOURTH The aggregate number of authorized shares is: One Thousand (1,000) at one dollar (\$1.00 U.S.) par value.

FIFTH The Corporation will not commence business until at least One Thousand (\$1,000 U.S.) dollars have been received by it as consideration for the issuance of shares.

SIXTH Cumulative voting of shares of stock is not authorized.

SEVENTH No Provisions limiting or denying to shareholders the pre-emptive right to acquire additional or treasury shares of the Corporation are in effect or to be made.

EIGHTH Provisions for regulating the internal affairs of the corporation are: The shareholders shall have the power to adopt,

amend, alter, change, or repeal the Articles of Incorporation when proposed and approved at a stockholders meeting with not less than the affirmative vote of a majority of common stock outstanding at such time; An affirmative vote of a majority of common stock outstanding shall be required for any shareholder action; The Corporation shall indemnify its directors, officers, and employees to the extent allowed under the laws of the State of Florida, as amended from time to time, except in such cases where directors, officers, or employees are adjudged guilty of willful misfeasance or malfeasance in the performance of their duties, and provided that in the event of a settlement the indemnification herein shall apply only when the Board of Directors approves such settlement as being for the best interests of the Corporation.

NINTH The address of the initial registered office of the Corporation is: 24700 SOUTHEAST HIGHWAY 42, UMATILLA, FL 32784-8724 and the name of its initial registered agent at such address is: LYNN A. BROWN.

TENTH Address of the principal place of business is: 24700 SOUTHEAST HIGHWAY 42, UMATILLA, FL 32784-8724.

ELEVENTH The number of directors constituting the initial board of directors of the Corporation is ONE, and the name and address of the person who is to serve as director until the first annual meeting of shareholders or until their successors are elected and shall qualify is:

Name	Address
LYNN A. BROWN	24700 SE HWY 42, UMATILLA, FL

TWELFTH The name and address of the incorporator is:

Name

Address

LYNN A. BROWN 24700 SE HWY 42, UMATILLA, FL  
24700 SE HWY 42, UMATILLA, FL 32784

IN WITNESS WHEREOF, the undersigned has executed these Articles  
of Incorporation on this 31 day of August, 1995.

*Lynn A. Brown*  
LYNN A. BROWN

STATE OF FLORIDA  
COUNTY OF Lake

I, a Notary Public, do hereby certify that on this 31 day of  
August, 1995, personally appeared before me, LYNN A. BROWN,  
who being by me first duly sworn, declared that person who  
signed the foregoing document as incorporator, and the  
statements therein contained are true.

(SEAL)

*Suzanne Barton*  
Notary Public in and for State  
of Florida



SUZANNE BARTON  
MY COMMISSION # CC446751 EXPIRES  
March 21, 1999  
BONDED THIRD TRUST FARM INSURANCE, INC.

My Commission Expires

Affiant Personally Known / Produced State Issued Identification  
# FL DL # B650-521-46-183-U

Certificate of Designation  
Registered Agent/Registered Office

Persuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organizing under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

The name of the corporation is:

DREAM BEANS COFFEE COMPANY, INC.

The name and address of the registered agent and office is:

LYNN A. BROWN  
24700 SOUTHEAST HIGHWAY 42  
UMATILLA, FLORIDA  
32784-8724

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 RELEVANT STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

*Lynn A. Brown*

LYNN A. BROWN, DIRECTOR/AGENT  
DREAM BEANS COFFEE COMPANY, INC.

DATED THIS 31 DAY OF August, 1995

RECEIVED  
MAR 21 1999  
STATE OF FLORIDA

State of Florida  
County of Lake

On before me, Lynn A. Brown, personally  
appeared, , who personally known to me (or proved to me on the  
basis of satisfactory evidence) to  
be the person whose name is subscribed to the within instrument  
and acknowledged to me that he executed the same in  
his authorized capacity, and that by his signature on the  
instrument the person, or the entity upon behalf of which the  
person acted, executed the instrument.

WITNESS my hand and official seal.  
Produced F1 DL # B650-521-46-183-0

Signature Suzanne Barton

My commission expires:

Affiant        Known x Produced ID

Type of ID F1 DL # B650-521-46-183-0

(Seal)



SUZANNE BARTON  
MY COMMISSION # CC446751 EXPIRES  
March 21, 1999  
BONDED THRU TROY FARM INSURANCE, INC