1110002184

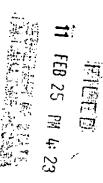
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: DR. C. CEHL GAVE AUTHORIZATION BY PHONE TO CORRECT ALL T
DOC. EXAM

Office Use Only



700193329007

02/08/11--01013--010 **87.50



Ps 3/4/11



RECEIVED 11 FEB 25 ATTI: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2011

DR PATRICIA CICETTI 8198 JOG RD BOYNTON BEACH, FL 33472

SUBJECT: DREAMCATCHERS FOUNDATION CORP.

Ref. Number: W11000008850

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

Please complete Article I.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected 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) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 111A00003812

COVER LETTER

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

\$70.00

Filing Fee

SUBJECT:	DREAMCATHERS	FOUNDATION.	Corp
	(PROPOSED CORPORATE NAME – <u>MU</u>	JST INCLUDE SUFFIX)	-0. 1.

\$78.75

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75

g Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Dr. Patri	icia Cice	etti'	
	8198	Jog Rd Address		
	Boyn to	N Beach,	F1. 334	7 2
	561-50	02 - 1638		
E	-mail address: (to be used for	cetti @ future annual report notification	4++. Ne	. +

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	NAME	•		سر. ا)
*The name of the cor		DREAMCAT	CHERS FO	nontain	CORP	·
ARTICLE II	PRINCIPAL OFFICI	_				
- 	Principal stre	eet address Q	suite #201	Mailing address	, if different is:	•
	8198	Jog no	ريم			
	BOYA	TON BEAC	h P1. —			
		3347	<u> </u>	*		
	<u>PURPOSE</u>	<i>J.</i>	_			
The purpose for whi	ich the corporation is o	rganized is:		,		
D To clinico	ally alless.	autistic	lients and	provide	comps	chensis
To assess per atment that is	nt include	ix counded	leng to then	a Their	Lane : 1:	
lo assess per	ple with aub	stance abuse	diserone 4 t	Branch Co	an mark	1.
ARTICLE IV	MANNER OF ELEC	TION The manner in	which the directors and	respect and appointed	anu	naire
		tree to sur	c without P	all for 4 4		Tha boa
member has	5 absences 1	e/she will	be diamiase		ie Boa	
ARTICLE V Name and Title	c Dr Carl	S <u>AND/OR DIRECTO</u>	Name and Title:	V	i wa	w,
Address:	810¢ T	a RI sut	Address:			, , , , , , , , , , , , , , , , , , ,
	- 8 - 1-	B				
	DOYDIOI	v yearn, ri	- , 			
Name and Title	e: John Sova	37410	Name and Title:			
Address:	3074	> PIVC MAN			ALCO	<u> </u>
	<u> 6400 H</u>	ypolu x O	-		- 100 - 100	- 12
ř	Lake Wor	ith, Fl 33463			72 F N	
Name and Title	e:		Name and Title:		<u>ال</u> ٢٠٠٠	
Address:	UDIN E.	Lassanara	Address:		· 為 字	
	Box nton A	- 1 L'1 "			F.	···
4000000000	•	each, 11, 33	472		23	
	REGISTERED AGE.	<u>NT</u> Box NOT acceptable) of	fthe registered agent in		μ_{mk} ω	
Name:	Pa t	ricia C/C	e ++ /			
Address:		8 Jog Rd se	ut 201			
	Boy#	tow Beach	F1.33477			
			- 374 / 6	•		
ARTICLE VII 1	NCORPORATOR					
	ss of the Incorporator is	C: 44				
Name: Address:	- Hatrici	a Cicett	1201			
Addiess.	- 0, 70 Y	og Ka saile	- du	0		
	D0-/1170	N Deach	Fl. 3347	8		
Having been named	as registered agent to	accept service of proce.	ss for the above stated	corporation at the r	iaco designato	d in this
certificate, I am famil	liar with and accept the	appointment as register	ed agent and agree to ac	et in this capacity	tace acrigitate	u 111 11110
-		- //.	-00	· ·		
	(alu	us U	elli	<u>a-/-</u>	//	
	Required Signatur	re of Registered Agent		D	ate	
I submit this docume	nt and affirm that the f	facts stated herein are tr	ue. I am aware that any	false information su	bmitted in a d	ocument
to the Department of.	State co nstitutes a thi rd	degree felony as provide	ed for in s.817.155, F.S.	- ·		
·	()-	- <i>D</i> :_#	1	~ .	17	
	Varia	- cull	1	<u>ط - / -</u>	· //	
	Required Sig	gnature of Incorporator			ate	