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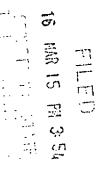
(Re	questor's Name)					
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Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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COVER LETTER

то:	Registration Se Division of Cor				
CUDI		•	ns Over Ame	erica Inc	
SUBJ	ECT:	Name of corp	ooration - m	nust include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corpora e," or "Certificate of Go n corporation to transac	ood Standin	g" and check are subm	
Please	return all corresp	oondence concerning thi	s matter to edric Myrick	-	
			ame of Pers		
		• ,	ns Over Am		
		Fi	rm/Compar	ıv	
			toney Harbo	•	
			Address		
		Fort Wa	shington Ma	ryland, 20744	
		City	/State and 2	Zip code	
		cm	yricksr@doa	inc.net	
		E-mail address: (to b	e used for	future annual report no	tification)
For fu	rther information	concerning this matter,	please call:		
Cedric	Myrick Sr	at (301	659-7311	
	Name of Perso		rea Code	Daytime Telepho	ne Number
	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclos	sed is a check for	the following amount:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Stat		78.75 Filing Fee & ertified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN 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.	Dreams Over America Inc.							
••	(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	, 1,					
	DOA							
	(If name unavailable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	g business i	n Flor	ida)			
2.	Maryland3	47 - 358653	47 - 3586531					
	(State or country under the law of which it is incorporated) (FEI number, if				••			
4.		Perpetual	·					
	(Date of incorporation)	(Date of duration, if other than perpetual)						
6.	•							
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		tv)	<u></u> ،	,			
	9400 Stoney Harbor Drive, Fort Wash	• •		(Fr				
7.		l office address)	# · **g	55	* ;			
	9400 Stoney Harbor Drive, Fort Washi	,						
			<u> </u>		<u> [1]</u>			
	(Current mailing			7				
8.	. Name and street address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)		ئ ئ				
	Wanda Lisa Murray Name:							
O	Office Address: 2129 Pondspring Way							
	Fleming Island	, Florida						
	(City)	(Zip code)						

9. 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.

Mark Lya Munoy
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Cedric Myrick Sr Chairman: 9400 Stoney Harbor Drive, Address: Fort Washington Maryland 20744 Tina R Myrick Vice Chairman: 9400 Stoney Harbor Drive, Address: Fort Washington Maryland 20744 Director: Address: Address: **B. OFFICERS** Cedric Myrick Sr دې President: 9400 Stoney Harbor Drive Address: Fort Washington, Maryland 20744 Tina R Myrick Vice President: 9400 Stoney Harbor Drive Address: Fort Washington, Maryland 20744 Secretary: _ Treasurer: NOTE: If necessary, you may attach an addenation to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

Cedric Myrick Sr President and CEO

a third degree felony as provided for in s.817.155, F.S.

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DREAMS OVER AMERICA INC., INCORPORATED MARCH 17, 2015, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 10, 2016.

Heidi Dudderar

Associate Director

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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice