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TRANSMITTAL LETTER

FILED
JUN -7 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: DREAMCATCHERS FOUNDATION, INC.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CHERI MELCHIONE

(Name of Person)

2598 ROBERT TRENT JONES DRIVE

(Firm/Company)

SUITE 1035

(Address)

ORLANDO FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

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-06/07/02--01048--010

*****87.50 *****87.50

CHERI MELCHIONE

(Name of Person)

at (407) 445-9543

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

J. BRYAN JUN 11 2002

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. DREAMCATCHERS FOUNDATION, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. NEVADA

(State or country under the law of which it is incorporated)

3. 22-382-6013

(FEI number, if applicable)

4. SEPT 26, 2001

(Date of incorporation)

5. 2010

(Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1ST

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2598 ROBERT TRENT JONES DR #1035 ORLANDO, FL 32835

(Principal office address)

SAME

(Current mailing address)

8. INSPIRATIONAL & EDUCATIONAL FILMS & PROJECTS TO RAISE

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FUNDS & AWARENESS FOR VARIOUS NON-PROFITS.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CHERI MELCHIONE

Office Address: 2598 RT JONES SUITE 1035

ORLANDO

(City)

Florida

32835

(Zip Code)

10. 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.

Cheri Melchione

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

(Typed or printed name and capacity of person signing application)

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List Attached

Cherif Mulchison

PRESIDENT

NONPROFIT INITIAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF FILE NUMBER

DREAMCATCHERS FOUNDATION INC.

(Name of Corporation)

9-26-2001

(Incorporation Date)

NEVADA
(State of Incorporation)

NONPROFIT CORPORATION

FOR THE FILING PERIOD

TO

Corporation's duly appointed resident agent in the State of Nevada
Whom process can be served is:

CORP UNITED INC
5090 RICHMOND AVE #207
HOUSTON, TX 77056

Office Use Only

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TALLAHASSEE, FLORIDA

Important: Read instructions before completing this form.

Print or type names and addresses, either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named.

Have an officer sign the form. **FOR WILL BE RETURNED IF UNSIGNED.**

Return the completed form with the \$15.00 filing fee. A \$5.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following incorporation date.

Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate

and **ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.** To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.

Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-6708.

FILING FEE: \$15.00

LATE PENALTY: \$5.00

THIS FORM MUST BE FILED BY THE 1ST DAY OF THE 2ND MONTH FOLLOWING INCORPORATION DATE

NAME

CHERI MELCHIONE

TITLE(S)

PRESIDENT

P.O. BOX

STREET ADDRESS

#1035

CITY

ST.

ZIP

2598 ROBERT TRENT JONES DR ORLANDO FL 32835

NAME

JEN SHUMAKER

TITLE(S)

SECRETARY

P.O. BOX

STREET ADDRESS

CITY

ST.

ZIP

4510 22ND AVE SOUTH CLEARWATER, FL 33711

NAME

LINDA CALCAGNO

TITLE(S)

TREASURER

P.O. BOX

STREET ADDRESS

CITY

ST.

ZIP

323 ESCOBAR ST FREMONT CA 94539

NAME

BARBARA O'CONNELL

TITLE(S)

DIRECTOR

P.O. BOX

STREET ADDRESS

CITY

ST.

ZIP

4715 SCARLET SAGE DR PUEBLO FL 81001

NAME

TITLE(S)

DIRECTOR

P.O. BOX

STREET ADDRESS

CITY

ST.

ZIP

NAME

TITLE(S)

DIRECTOR

P.O. BOX

STREET ADDRESS

CITY

ST.

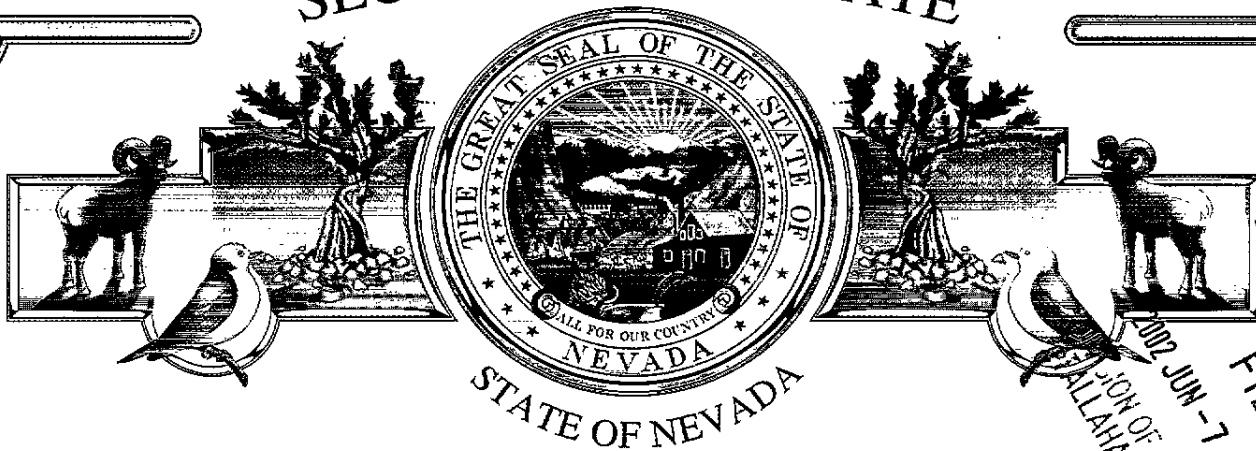
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I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

Cheri Melchione

10-01-01

SECRETARY OF STATE



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CORPORATE CHARTER

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **DREAMCATCHERS FOUNDATION** did on **September 26, 2001** file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on **September 26, 2001**.



Dean Heller

Secretary of State

By

Cirque Clark
Certification Clerk