

F15000003137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

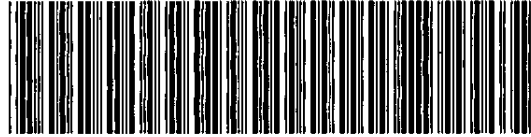
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SECRETARY OF STATE  
ALABAMA, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2015

JOHN NOLASCO PAN  
339 S. CHERYL LANE  
CITY OF INDUSTRY, CA 91789

SUBJECT: CREAMS AND DREAMS, INC.  
Ref. Number: W15000046872

We have received your document for CREAMS AND DREAMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P13000065528 CREAM DREAM INC..

Please return 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) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00014593

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREAMS AND DREAMS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN NOLASCO PAN

Name of Person

CREAMS AND DREAMS, INC.

Firm/Company

339 S CHERYL LANE

Address

CITY OF INDUSTRY, CA 91789

City/State and Zip code

JOHNNYP@V4ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEY OCAMPO

909

598-7696 X 123

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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

# 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. CREAMS & DREAMS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. CA USA 3. 47-1709219  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 11, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. MID AUGUST, 2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 339 S. CHERYL LAKE, CITY OF INDUSTRY, CA 91789  
(Principal office address)  
339 S. CHERYL LAKE, CITY OF INDUSTRY, CA 91789  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

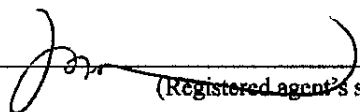
Name: WILLIAM L. MACASINAG

Office Address: 1110 SW 85 TER.

PEMBROKE PINES, Florida 33026  
(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.

  
(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.

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ALLIANCE STATE FIDELITY

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: TY BYUN

Address: 339 S CHERYL LANE CITY OF INDUSTRY, CA 91789

Director: JOHN NOLASCO PAN

Address: 339 S CHERYL LANE CITY OF INDUSTRY, CA 9179

**B. OFFICERS**

President: TORESA LOU

Address: 339 S CHERYL LANE CITY OF INDUSTRY, CA 91789

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JOHN NOLASCO PAN

Address: 339 S CHERYL LANE CITY OF INDUSTRY, CA 91789

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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

13. JOHN NOLASCO PAN

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

CREAMS & DREAMS, INC.

**FILE NUMBER:** C3701190  
**FORMATION DATE:** 08/11/2014  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of July 01, 2015.

ALEX PADILLA  
Secretary of State