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Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION DREAMTEAM15, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
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July 5, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: DREAMTEAM15, INC.

REF: W16000046835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

According to section 607.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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 Warren
Regulatory Specialist II

FAX Aud. #: H16000159899
Letter Number: 916A00014024

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TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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. DREAMTEAM15, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

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

3. _____
(FEI number, if applicable)

4. 5/16/2016
(Date of incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

7. _____
(Principal office address)

3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

(Current mailing address, if different)

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

Name: eResidentAgent, Inc.

Office Address: 236 E 6th Ave.

Tallahassee, Florida 32303
(City) (Zip code)

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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.

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

A. DIRECTORS:

Chairman: ALLEN ROBINSON

Address: 3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: ALLEN ROBINSON

Address: 3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

Vice President:

Address:

Secretary: ALLEN ROBINSON

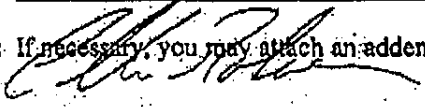
Address: 3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

Treasurer: ALLEN ROBINSON

Address: 3991 MacArthur Blvd., Suite 125, Newport Beach, CA 92660

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

13.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 §.817.155, F.S.

14. ALLEN ROBINSON, President

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DREAMTEAM15, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DREAMTEAM15, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6043493 8300

SF# 20164735829

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202591117

Date: 06-30-16