

F22000007631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

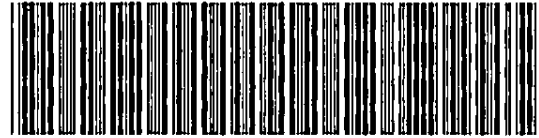
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/22 11:00 AM

S. FRANKLIN

DEC 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLEN'S DREAM LTD. 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:

STEVEN HIBBE

Name of Person

VILLANUEVA & HIBBE, P.A.

Firm/Company

1430 SO. DIXIE HIGHWAY SUITE 313

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip code

cl@yachtcounselor.com

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

For further information concerning this matter, please call:

STEVEN HIBBE

at (305) 375-0966

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. ELLEN'S DREAM LTD. 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)

2. CAYMAN ISLANDS

3. 98-1672117

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

(FEI number, if applicable)

4. MAY 23, 2022

5.

(Date of incorporation)

(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)

7. 1430 SO. DIXIE HIGHWAY, SUITE 313, CORAL GABLES, FLORIDA 33146

(Principal office street address)

(Current mailing address, if different)

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

Name: STEVEN. H. HIBBE, P.A.

Office Address: 1430 SO. DIXIE HIGHWAY, SUITE 313,

CORAL GABLES

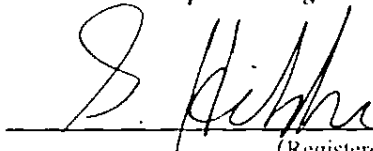
(City)

, Florida 33146

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: PETER SCHOTTLAND
☐ Vice Chairman Address: 400 S. OCEAN BLVD, APT 102
☒ Director DELRAY BEACH, FL 33483, USA
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Peter B. Schottland*
 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.

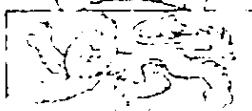
13. PETER SCHOTTLAND, DIRECTOR
 (Typed or printed name and capacity of person signing application)

FL-390601

Certificate Of Good Standing

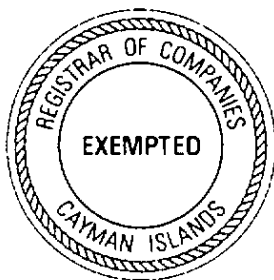
TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that



Ellen's Dream Ltd.

a company duly organised and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with the office and duly authorised to exercise therein all the powers vested in the company.



Given under my hand and Seal at George Town in the
Island of Grand Cayman this 9th day of November
Two Thousand Twenty-Two

An Authorised Officer,
Registry of Companies,
Cayman Islands.

Authorisation Code : 851117707790
www.venfy.gov.ky
09 November 2022

2022.11.09 PM 3:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2022

STEVEN HIBBE
1430 S DIXIE HWY STE 313
CORAL GABLES, FL 33146 US

SUBJECT: ELLEN'S DREAM INC.
Ref. Number: W22000150381

We have received your document for ELLEN'S DREAM 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The certificate submitted isn't acceptable for imaging due to being vertical. The certificate must be horizontal.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00027131

RECEIVED

DEC 14 2022