

N10000010999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

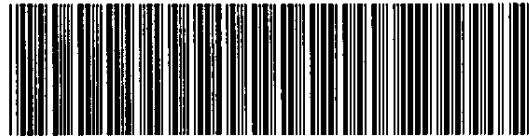
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500187940455

11/22/10--01021--014 #79.75

FILED
10 NOV 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 11/24/10

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Dream Builders of Wesley Chapel Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Albert D. McClinton
Name (Printed or typed)

4346 Huddleston Dr.
Address

Wesley Chapel, FL 33545
City, State & Zip

813-355-3216
Daytime Telephone number

dbawcinc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Dream Builders of Wesley Chapel Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4346 Huddleston Dr.
Wesley Chapel, FL 33545

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Community outreach and development. Providing resources to inner city families such as food, educational support, and employment training.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As per the company by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert D. McClinton - Director Name and Title: _____
Address: _____ Address: _____

Name and Title: Lisette McClinton - Director Name and Title: _____
Address: _____ Address: _____

Name and Title: Sam Walker - Director Name and Title: _____
Address: _____ Address: _____

FILED
10 NOV 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Albert D. McClinton
Address: 4346 Huddleston Dr.
Wesley Chapel, FL 33545

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert D. McClinton
Address: 4346 Huddleston Dr.
Wesley Chapel, FL 33545

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

10-26-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

10-26-10

Date