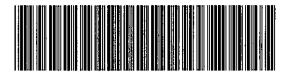


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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254-W1100043359



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DIVISION OF CORPORATIONS

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COVER LETTER

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

MAGIC DREAMS MAKERS 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of Certified Copy & Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

FROM: JOSE H TOVAR

Name (Printed or typed)

10150 BELLE RIVEBLVD. STE 301

Address

JAKSONVILLE, FL 32256

City, State & Zip

(904)424-5201

Bo.El 50 Assitima Colombinate Agualistanca Sur

PCA_PCM@MSN.COM

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

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

2011 SEP 28 PH 4: 12

RECEIVED

11 SEP 28 AM 10: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2011

JOSE H TOVAR 10150 BELE RIVE BLVD. JACKSONVILLE, FL 32256

SUBJECT: DREAM MAKERS INC Ref. Number: W11000043359

We have received your document for DREAM MAKERS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 811A00019496

SECRETARY OF STAIL DIVISION OF CORPORATIONS

www.sunbiz.org

ARTICLES OF INCORPORATION

In compliance with Chapter 617 F.S. (Not for Profit)

Date

	TARETO	17, 1 .5., (1101	SECRETARY OF STALL
The name of the corp	<i>IAME</i> Dration shall be: MAGIC DREAMS MAK	ERS INC	DIVISION OF CORPORATION
•	RINCIPAL OFFICE	LIKO INC	2011 SEP 28 PM 4: 12
	Principal street address		Mailing address, if different is:
	Bo El 50 Abajo La Confianza Agua Blanca Sur El Progreso Yoro Honduras	-	10150 Belle Rive Blvd. Ste 301
	El Piogleso Toto Holloulas		Jacksonville, FL 32256
ARTICLE III	PURPOSE		
The purpose for which	th the corporation is organized is:		
	and Capacitation Gender to woman a	nd children	who has been mistreated and abuse
	otional Provide professional and cou		
	ist of the development of infrastructur		
ARTICLE IV	ANNER OF ELECTION The manner in wh	ich the director	s are elected and annointed:
	of Directors will be by mayority vote		
- •	INITIAL OFFICERS AND/OR DIRECTORS		in the Lyland.
Name and Title	:Jose H Tovar - Director		:
Address:	10150 Belle Rive Blvd. #301	Address:	
	Jacksonville, FL 32256		
Name and Title	:Oscar Tovar - Director	Name and Title	: <u> </u>
Address:	10770 Indies Dr.N	Address:	
	Jacksonville, FL 32246		
Name and Title	: Pablo Antezana - Director	Jama and Titla	
Address:		Name and Title Address:	·
	Jacksonville, FL 32246		
ARTICLE VI R	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of the	e registered age	nt is:
Name:	Pablo Antezana		
Address:	10770 Indies Dr. N		
	Jacksonville, FL 32246		
	NCORPORATOR s of the Incorporator is:		
Name:	Pablo Antezana		
Address:	10770 Indies Dr. N		
	Jacksonville, FL 32246		
Having been named	as registered agent to accept service of process j	for the above s	stated corporation at the place designated in this
certificate, I am famil	ar with and accept the appointment as registered o	agent and agree	e to act in this capacity
6	XML //		
	Xllete equipo/		08/11/2011
	Require 8 ignature of Registered Agent		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 Jefony as provided for in s.817.155, F.S.

> Begined Signature of Incorporator 08/11/2011