

N11000009154

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 SEP 28 PM 4:12

234-  
W11000043359

9/23/11

## COVER LETTER

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

SUBJECT: 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  
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: 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 Asejuna Telephone Number

PCA\_PCM@MSN.COM

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

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DIVISION OF CORPORATIONS

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



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

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DIVISION OF CORPORATIONS  
2011 SEP 28 PM 4:12

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: MAGIC DREAMS MAKERS INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Bo. El 50 Abajo La Confianza, Agua Blanca Sur  
El Progreso Yoro Honduras

Mailing address, if different is:  
10150 Belle Rive Blvd. Ste 301  
Jacksonville, FL 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Social Service and Capacitation Gender to woman and children who has been mistreated and abuse physical an emotional.. Provide professional and counselor service to improve quality of life of these individuals. Assist of the development of infrastructure on the incidental areas.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The appointed of Directors will be by majority vote from the members as is stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose H Tovar - Director  
Address: 10150 Belle Rive Blvd. #301  
Jacksonville, FL 32256

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Oscar Tovar - Director  
Address: 10770 Indies Dr. N  
Jacksonville, FL 32246

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Pablo Antezana - Director  
Address: 10770 Indies Dr. N  
Jacksonville, FL 32246

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Pablo Antezana  
Address: 10770 Indies Dr. N  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**

The name and address 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 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

08/11/2011

\_\_\_\_\_  
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

08/11/2011

\_\_\_\_\_  
Date