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(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(==-	-	,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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J. Shivers OCT 0 9 2012

COVER LETTER

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

SUBJECT: Building Dreams Together Inc.					
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed is an original	and one (1) copy of the Artic	les 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 CO	OPY REQUIRED		
FROM	Mario Fiorucci		_		
Name (Printed or typed)					
851 East SR 434 Suite #178					
Address					
Longwood, FL. 32750					
City, State & Zip 407 274 5040					
851 East Say Apple State Plagne number					
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 II PI	RINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	851 East SR 434 Suite 178	-	
	Longwood FL 32750	<u> </u>	
ARTICLE III P	URPOSE		
	h the corporation is organized is:		
homeless children. To p For any other lawful, ch Notwithstanding anythin	en organized for charitable, and educational purpo provide for the raising of funds through public and vic, educational, charitable or benevolent purpose ing herein to the contrary, the purposes of this corp internal Revenue Code.	private donations in orde	er to further the purpose of the corporation.
ARTICLE IV M	ANNER OF ELECTION The manner in	which the directors are	e elected and appointed:
Officers will be	elected by the Board of Directors.		
ARTICLE V 1	NITIAL OFFICERS AND/OR DIRECTO	<u>rs</u>	
Name and Title:	Mario Fiorucci	Name and Title:	
	851 East SR 434 suite 178	_ Address:	· · · · · · · · · · · · · · · · · · ·
•	Longwood, FL, 32750		
Name and Title:		Name and Title:	
Address:		Address:	
,		-	
Name and Title:		Name and Title	
Address:			
		_	
ARTICLE VI R	EGISTERED AGENT		TALL
The name and Florid	a street address (P.O. Box NOT acceptable) of	the registered agent is	: \$\frac{2}{2} \cdot \c
Name:	Patricia Ryan	-	表現 - プロ
Address:	902 N. Triplet Lake Drive	_	
	Casselberry FL.32707	-	
		-	
	NCORPORATOR		7A 9:
	s of the Incorporator is:		₩ 63
Name:	Marlo Florucci	-	-
Address:	851 East SR 434 Suite 178	-	
	Longwood, Fl 32750	-	
	• • •	-	
	as registered agent to accept service of proce ar with and accept the appointment as register		
cerujicuie, s um jumu	The analysis of the appointment as register	en તમેરમાં તપાપ તમિર દદ 10	aci in inis cupacity
(I	att ia (yan		01/05/2012
	Required Signature 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 felony as provided for in \pm 817.155, F.S.

May Line