

N 14 000005641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

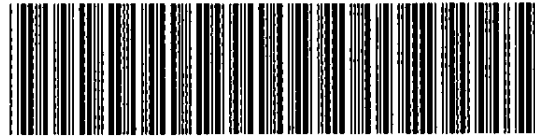
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
2014 JUN 13 PM 1:01
TO FACILITATE
SUFFICIENCY OFFICERS

ATTORNEY
AND
FILED
14 JUN 13 PM 1:11
DEPARTMENT OF STATE

VH

COVER LETTER

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

SUBJECT: Dream World For The Arts, 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: Kierra Colston
Name (Printed or typed)

3217 Zillah St.
Address

Tallahassee, FL 32305
City, State & Zip

321-609-0787
Daytime Telephone number

DreamWorld4TheArts@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)

APPROVED AND FILED

ARTICLE I NAME

The name of the corporation shall be: Dream World For The Arts, Inc.

14 JUN 13 PM 1:11

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3217 Zillah St.

Mailing address, if different is:

APPROVED AND FILED

Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To give the local communities children, preteens, and teens a positive outlet to learn to enhance their creative/talented strengths. The mission is to help kids get involved with a positive after school activity to keep them out of after school trouble. Overall Dream World will provide a second home to children showing them that not only do they have family at home but they also have a family within the program to help through hard times, reach dreams.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors will

be elected by CEO, 3 President!

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kierra Colston CEO

Name and Title: Dorian Colston C.O.O.

Address: 3217 Zillah St. Tallahassee FL 32305

Address: 2615 West Orange Ave Tallahassee, FL 32310

Name and Title: Keith Colston President

Name and Title: _____

Address: 3217 Zillah St. Tallahassee FL 32305

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____ 14 JUN 13 PM 1:11

STATE OF FLORIDA
TALLAHASSEE

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

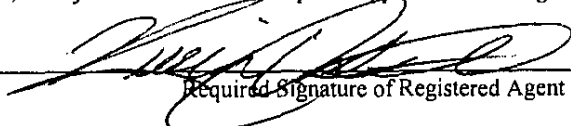
Name: Kierra Colston
Address: 3217 Zillah Street
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

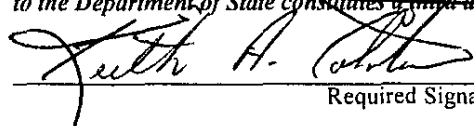
Name: Keith Colston
Address: 3217 Zillah Street
Tallahassee

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

6/13/2014
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

6/13/2014
Date