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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

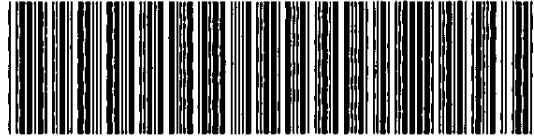
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

add. correction made by
mahaliz Arrington over phone
4/11/2015

W15-012241

2/19/15 ch Office Use Only



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02/17/15--01027--022 **78.75

FILED
2015 MAR 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/14 3/30 cr

COVER LETTER

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

SUBJECT: **Dream Seeker**

(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: **Mahalia Arrington**
Name (Printed or typed)

3448 Queensboro Ave. So.
Address

St. Petersburg FL 33711
City, State & Zip

727-485-7227
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2015

MAHALIA ARRINGTON
3448 QUEENSBORO AVE. SO.
ST. PETERSBURG, FL 33711

SUBJECT: DREAM SEEKER
Ref. Number: W15000012241

We have received your document for DREAM SEEKER 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00003518

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

ARTICLE I NAME

The name of the corporation shall be: DREAM SEEKER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mahalia Arrington

3448 Queensboro Ave. S.

ST PETERSBURG, FL 33711

Mailing address, if different is:

FILED
2015 MAR 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DREAM SEEKER INC. Is a Program that is
Focuses on Young People from the Ages of 13-22. It is designed to Help them
Graduate from High School and go to College or Vocational School to Earn a
Degree or Learn a Trade. To Help them LOVE Themselves, and the People
Around them. To keep them out of the Juvenile Justice System, Jail, or Prison.
To give them Choices and Skills to do something Positive With Their Life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: PRESIDENT,
VICE PRESIDENT, SUPPORT LEADERS, TREASURER, SECRETARY, -method of election
of directors is as stated in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAHALIA ARRINGTON Name and Title: _____

Address: 3448 Queensboro Ave. S. Address: _____

ST PETERSBURG, FL 33711 _____

President, and Treasurer _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Mahalia Arrington

Address: 3448 Queensboro Ave. So.
St Petersburg, FL 33711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mahalie Arrington

Address: 3448 Queensboro Ave. So.
St Petersburg, FL 33711

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:

Mahalia Arrington
Required Signature of Registered Agent

3-17-2015
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.

Mahalia Arrington
Required Signature of Incorporator

3-17-2015
Date