

N23000009263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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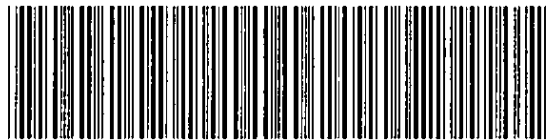
(Business Entity Name)

(Document Number)

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2023 JUL 11 PM 4:08  
HALLA SS (071)

## COVER LETTER

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

SUBJECT: Dreams & Wishes 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: Caitie Corripio  
Name (Printed or typed)

450 N Federal Hwy 0909  
Address

Boynton Beach FL 33435  
City, State & Zip

561-797-0554  
Daytime Telephone number

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Dreams & Wishes Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

450 N Federal Hwy 0909  
Boynton Beach FL 33435

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide services, resources,  
and education to those in need relating to health  
and wellness

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: per articles

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

Name and Title:	<u>Mary Catherine Corripio</u> <u>Director</u>	Name and Title:	<u>Mary Elizabeth Enslin</u> <u>Director</u>
Address	<u>450 N Federal Hwy 0909</u> <u>Boynton Beach FL 33435</u>	Address:	<u>237 Centerpoint Lane</u> <u>Lansdale PA 19446</u>

Name and Title:	<u>Colleen Connor</u> <u>Director</u>	Name and Title:	
Address	<u>184 Applegate Applegate Dr.</u> <u>West Chester PA 19382</u>	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: Caitie Corripio

Address: 450 N Federal Hwy V909  
Boynton Beach FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Caitie Corripio

Address: 450 N Federal Hwy V909  
Boynton Beach FL 33435

FILED

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 11, 2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Caitie Corripio

Required Signature of Registered Agent

7/6/2023

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 §817.155, F.S.*

Caitie Corripio

Required Signature of Incorporator

7/6/2023

Date

**N23000009263**  
**CAITE CORRIPIO**

450 N Federal Hwy, U909 Boynton Beach, FL 33435 | 561-797-0554 | caitecorripio@gmail.com

**July 6, 2023**

Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Good morning:**

On June 30, I set up a company called Dreams & Wishes, LLC. My intent was to set up a Not For Profit, but wasn't given clear information from my tax accountant. I was informed this needed to be a corporation AFTER I set the company up. When I set up Dreams & Wishes, Inc. today, it was declined due to the name not being distinguishable from another entity. I called your office immediately and spoke to Cherish who assisted me in dissolving the LLC and I received instructions to submit this affidavit and paperwork for the Inc.

I am requesting that you release the Dreams & Wishes, LLC so that I may set up Dreams & Wishes, Inc. Below is the online version that was rejected; the new paperwork is included with this letter.

Document Number: W23000092313  
Entity Name: DREAMS & WISHES, INC  
Tracking Number: 400411777974  
Pin Number: 7974

Thank you so much for your assistance.

Sincerely,

*Caite Corripio*

**Caite Corripio**

*Caite Corripio personally known  
to me, Stephanie Finz, Notary Public*  
*[Signature]*

