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TRANSMITTAL LETTER

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

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-06/30/00--01087--015
*****78.75 *****78.75

May 25, 2000

SUBJECT: Land of Dreams, Corp.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :
\$78.75 Filing Fee & Certified Copy

ADDITIONAL COPY REQUIRED

FROM:

Name Carl R. Graham
Address 1345 Tindaro Drive
City, State & Zip Apopka, FL 32703
Daytime Telephone number 407-595-1576

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 30 AM 10:39

FILED

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

F. CHERRY JUL 5 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Land of Dreams, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1345 Tindaro Dr.

Apopka, Fl 32703

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carl R. Graham

1345 Tindaro Dr.

Apopka, FL 32703

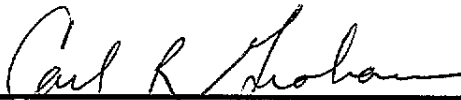
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carl R. Graham

1345 Tindaro Dr.

Apopka, FL 32703

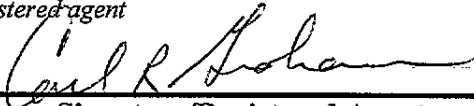


Signature/Incorporator

6/16/00

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

6/16/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 30 AM 10:39

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