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Department of State			-	
Division of Corporatio	ns		· · · · · · · · · · · · · · · · · · ·	
P. O. Box 6327			· · · · · · ·	
Tallahassee, FL 32314	1			
·		O AVERS ASS	100004273 -05/21/01-0 ******78.75	53 U 1109002 *****78.7
SUBJECT:	DREAM WE	orate name - must include su	(flix)	<u>1</u> C 1
		•		
Enclosed is an original	and one(1) copy of the articl	es of incorporation and a	check for :	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: <u>s</u>	Southwest Professio Name(onal Services of Printed or typed)	South Florida,	, Inc.
· 	13571 McGregor Blvd	Address	SECRE TALLAI) E
I	Fort Myers, Fl. 339	19	TAR AASS	2
	City	, State & Zip	OF S	P로 D
S	941-481-4444		25	
_	, Daytime	Telephone number		O -
Gary Wol	T S ON TO			

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

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.

The name of the o	corporation shall be	DREAM	WEAVER	s # 5	the Paris	
ARTICLE II The principal place	PRINCIPAL of business and responses and responses are responses to the second s		CENTER R	shall be: D # 4	OI HAY 21 P	T
ARTICLE III The number of sh	SHARES tares of stock that the	•		ve outstanding at a	ny one time is:	

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22 FORT MYERS FL 33919

ARTICLE V INCORPORATOR

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

GARY L. WOODS
1567 CHESAPEAKE BUE
NAPLES FL 34102

L. Wood

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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

South Professional Services of South Florida, Inc.

Signature Registered Agent
Mitchell Stovring

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