

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P020000034070

Greek Dream, Inc.

700005174277--6
-03/28/02--01021--010
*****70.00 *****70.00

- ☒ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ☒ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

FILED
02 MAR 28 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 MAR 28 AM 11:09
DIVISION OF CORPORATION

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

g/s/28

ARTICLES OF INCORPORATION

OF

Greek Dream, Inc.

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

ARTICLE I. NAME

The name of the corporation shall be:

Greek Dream, Inc.

The principal place of business of this corporation shall be:

**2110 Drew Street
Clearwater, FL 33765**

The mailing address of this corporation shall be:

**2110 Drew Street
Clearwater, FL 33765**

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

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The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

**Ioannis Kostopoulos
PRESIDENT**

**2110 Drew Street
Clearwater, FI 33765**

ARTICLE VI. INCORPORATOR

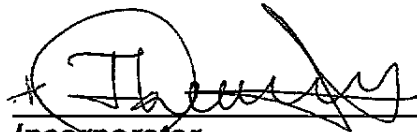
The name and street address of the incorporator to the Articles of Incorporation is:

**Ioannis Kostopoulos
PRESIDENT**

**2110 Drew Street
Clearwater, FI 33765**

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 27 day of MARCH, 2002.

Signature of Incorporator


Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 27 day of MARCH, 2002, by Ioannis Kostopoulos of Greek Dream, Inc.

Notary Public

FL DRIVERS LIC #
K 231-400-70-290-0





Dori A. Lindsley
Commission # CG 821541
Expires Apr. 15, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida .

1. The name of the corporation is:

Greek Dream, Inc.

2. The name and address of the registered agent and office is:

Name: Ioannis Kostopoulos

Address: 2110 Drew Street

City: Clearwater **State:** FL **Zip Code:** 33765

SIGNATURE: _____

TITLE: PRESIDENT

DATE: _____

3/27/02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: _____

DATE: _____

3/27/02

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA