TRANSMITTAL LETTER

Department of State Division of Corporat	ions		·	
P. O. Box 6327				
Tallahassee, FL 32314		5	9 00005506 0 105-13/02-01	Į.
	Dreamso	ape	-U5/13/0201(*****78.75 *] **
SUBJECT:	Dream SC TROPISC	APE, INC.		
	(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)	_
Enclosed is an origina \$70.00 Filing Fee	al and one(1) copy of the articl \$78.75 Filing Fee & Certificate of Status	les of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	ROBERT R. Name (Pr	CAMPREUL inted or typed)		
	616 JE	RSEY AVE.	O2 MAY SECKETA TALLAHA	П

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

ST. CLOUD, FL 34769
City, State & Zip

w02-14187

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED		
•	02 MAY 28 AM 7: 31		
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE		
<u> </u>	TALLAHASSEE, FLORIDA		
CONTROL OF			
DREAM SCAPE, INC.			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
ST. CLOUD, FL 34769			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is: LAND SCAPING & LAWN SERVICE			
ARTICLE IV SHARES The number of shares of stock is: 100			
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	<u></u>		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ROBERT R. CAMPBELL LIPPU LIB JERSEN AVE ST. CLAM, FL 34769	or see a		
The name and address of the Incorporator is: ROBERT R CAMPBELL PROPERTY AVE			
ST, CLOUD, FL 34769 ************************************	*********		
Having been named as registered agent to accept service of process for the above sta certificate, Lam familiar with and accept the appointment as registered agent and agr	ted corporation at the place designated in this		
	5-7-2002		
Signature/Registered Agent	Date		
	~ 7 202		
The Man	S-7~2682 Date		
Signature/Incorporator \	Date		