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SECRETAINT OF STATE TALLAHASSEE, FLORIDA

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I2000000257

Phone

: (850)224-8870 Fax Number : (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

DreaMVestors, INC.

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703.4
\$78.75

CAPITAL CONNECTION

850 222 1222

09/05 '02 12:27 NO.832 02/04

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SECRETART OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

DreaMVestors, INC.

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 is DreamVestors, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1640 Miller Ave., Unit DD, Clearwater, FL 33756.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time ten-thousand (10,000) is shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gregory F. Boyer, 1640 Miller Ave., Unit DD, Clearwater, FL 333756.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Director of the corporation is David A. Davis, 1640 Miller Ave., Unit DD, Clearwater, FL 33615.

ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 5th day of September 2002.

"Capital Connection, Inc. by Leilani White, Client Representative"

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section (organized under the laws of the state of the registered office/registered agent,		ies, the m oliowing	entioned con statement in	rporation, designating
1. The name of the corporation is:	DreaMVestors,	INC.		
			1	

	j,			
2. The name and street address of the registered agent and office is: Grego	ry	F.	Boyer	
1640 Miller Ave Unit D.D.	1			
Charmater Fla 33756	+			<u> </u>
	-			

HAVE 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.

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