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| Special Instructions to Filing Officer: | | |
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SECANIE SECENDIATE

TRANSMITTAL LETTER

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

| SUBJECT: | DREAMLINE CONSULTING, INC. | | |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | (Proposed corporate name - must include suffix) | | |
| Enclosed is an and a check fo | original and one (1) copy of the articles of incorporation r: | | |
| \$70.00 Filing Fee | \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Certificate & Certified Copy of Status \$87.50 Filing Fee Filing Fee, Certified Copy & Certified Copy & Certified Copy & Certificate of Status | | |
| | FROM: MICHAEL C. WENNEMAN Name (Printed or Typed) | | |
| | 2134 BAYHILL DRIVE Address | | |
| | VIERA, FLORIDA 32940 City, State & Zip | | |
| | 321 - 752-7759 Daytime Telephone number | | |

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

FILED 02 OCT 25 AM 9: 35 SECHEMATION STATE

TALLAHASSEE, FLORID

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

DREAMLINE CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS & MAILING ADDRESS: 2134 BAYHILL DRIVE VIERA, FLORIDA 32940

ARTICLE III SHARES

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

25,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:
MICHAEL C. WENNEMAN
2134 BAYHILL DRIVE
VIERA, FLORIDA 32940

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL C. WENNEMAN 2134 BAYHILL DRIVE VIERA, FLORIDA 32940

| The undersigned inco | | | | |
|----------------------|---------------------|--------|---------|-----------|
| Incorporation this | <u> </u> | day of | October | _ , 2002. |
| | | | | |
| | | | | |
| | | | | |
| m | 'Chist We | | | |
| | Signature Signature | | | |
| | CI-ot- | | | |
| | Signature | | | |
| | Signature | | | |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 02 0CT 25 AM 9: 35

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDALLAHASSEE, 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: | DREAMLINE CONSULTING, INC. (must include suffix) | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|--|--|
| _ | | | | |
| 2. The name and address of the regi | stered agent and office is: | | | |
| MICHA | EL C. WENNEMAN | | | |
| | (Name) | | | |
| *************************************** | AYHILL DRIVE or Mail Drop Box NOT Acceptable) | | | |
| VIERA. | FLORIDA 32940 | | | |
| (City/State/Zip) | | | | |
| 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. | | | | |
| M Chint Win (Signature) | (Date) | | | |

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314