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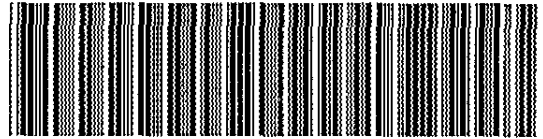
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Polly's Dream, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Dawn Ingrassia

Name (Printed or typed)

317 N. Highland, Ave.

Address

Clearwater, FL 33755

City, State & Zip

727-449-9966

Daytime Telephone number

*Please return one copy, stamped, envelope provided*

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

**Articles of Incorporation of**

**Polly's Dream, Inc.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**Article I - Name**

The name of the corporation shall be Polly's Dream, Inc..

**Article II - Principle Office**

The principle place of business/mailling address is 317 N. Highland, Clearwater, FL 33755.

**Article III - Purpose**

The purpose for which the corporation is organized is to operate any legal enterprise in compliance with all local, state, and federal ordinances, statutes, rules, and regulations.

**Article IV - Shares**

The number of shares of stock is one hundred (100).

**Article V - Registered Agent**

The name of the initial registered agent is Dawn Ingrassia. The address of the initial registered agent is 317 N. Highland Ave., Clearwater, FL 33755.

**Article VI - Incorporator**

The name and address of the Incorporator is Dawn Ingrassia, 317 N. Highland Ave., Clearwater, FL 33755.

**Article VII - Officers**

The initial officers are;

Donald Ingrassia	President
Dawn Ingrassia	Executive Secretary
Charles Ingrassia III	Vice President
Michael Ingrassia	Treasurer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kenneth Ingrassia

Director

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

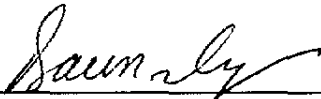
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/ Registered Agent

1/08/03

Date



Signature / Incorporator

1/08/03

Date