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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

TRANSMITTAL LETTER

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

| SUBJECT: | | Oreams Inc ATE NAME - MUST INCL | UDE SUFFIX) | - To the str |
|----------------------|--|--|-------------------------|-----------------|
| Enclosed are an orig | rinal and one (1) copy of the ar | ticles of incorporation and | d a check for: | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | |
| FROM: | 7061 S. 7 | ARDI, CPA AMIAMI TRAIL ALEL 34231-5559 | | • |
| - | (941 |) 925-2099 | <u> </u> | To foregoing |
| - | - Daytime | Telephone number | | |

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



ARTICLES OF INCORPORATION

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

03 JAN 10 PM 4: 04

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

110 22nd Are W Bradenton PL 34205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Telemarketing

ARTICLE IV SHARES

The number of shares of stock is:

1000 SLATER

Hope & Dreams Inc

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Laurel Manning 110 22nd Ave W

Bradenton FC 34205

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Laurel Manning 110 22nd Ave

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