PD3000019181

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(OLYOLATE/ZIPIPHONE #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Ocidinates of Otalias				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
SECRETARY OF STATE

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TRANSMITTAL LETTER

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

	·			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	LINDA CAROLE Name	AKMSTRANG (Printed or typed)		
1543 Sugarwood Circle Address Winter Park FL 32792 City, State & Zip 407-810-9617 Daytime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or 621 F.S. (Profit)

ARTICLES I NAME

RESIDUAL DREAMS, INC.

ARTICLE II PRINCIPLE OFFICE

SUITE 400 2950 ALOMA AVENUE WINTER PARK, FLORIDA 32792

ARTICLE III SHARES
ONE THOUSAND FIVE HUNDRED (1500)

ARTICLE IV REGISTERED AGENT

GARY L. ARMSTRONG
SUITE 400
2950 ALOMA AVENUE
WINTER PARK, FLORIDA 328792

ARTICLE VI INCORPORATOR

LINDA CAROLE. ARMSTRONG 1543 SUGARWOOD CIRCLE WINTER PARK, FLORIDA 32792 O3 FEB 13 PH 2: 04
SECRETARY OF STATE
TALLAHASSCE, 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

Signature/Incorporator

JANUARY 25, 2003

DATE

JANUARY 25, 2003 DATE