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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

DREAMS FINE LINEN TRADE, INC.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION
OF
DREAMS FINE LINEN TRADE, INC.**

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 NAME

The name of the corporation shall be:

DREAMS FINE LINEN TRADE, INC.

ARTICLE II PRINCIPAL OFFICE

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

500 S.W. 110TH AVE. 26-307 PEMBROKE PINES, FL. 33025

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually

ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

		<u>SHARES</u>
AMANDA M. BOLANOS	500 SW. 110 TH AVE. 26-307 PEMBROKE PINES, FL. 33025	50%
JAIME TOVAR	500 SW. 110 TH AVE. 26-307 PEMBROKE PINES, FL. 33025	50%

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ARTICLE VI OFFICERS DIRECTORS

The name(s) And Street Address(es) of the initial officer(s) and director(s), if any, who shall hold the office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

NAME	ADDRESS	TITLE
AMANDA M. BOLANOS	500 SW 110 TH AVE 26-307 PEMBROKE PINES, FL. 33025	P/T
JAIME TOVAR	500 SW. 110 TH AVE. 26-307 PEMBROKE PINES, FL 33025	V/S

Marcela Bolanos
Signature/Incorporator.
Amanda M. Bolanos

08/06/03

Date

CERTIFICATE OF DESIGNATION REGISTERED AGENT

Having been named as a registered agent and to accept services 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 obligation of my position as registered agent.

Marcela Bolanos

Signature/Registered Agent

Print name: Amanda M. Bolanos

Address: 500 SW. 110TH AVE. 26-307 PEMBROKE PINES, FL. 33025

08/06/03

Date

Prepared By: Mario Contreras 3752 SW 3RD AVE. MIAMI, FL. 33145SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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