

PO3000086470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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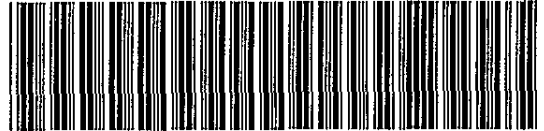
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FALABO, ALABAMA

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**TRANSMITTAL LETTER**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** DREAM FLOORS COVERING, INC  
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

Enclosed are the 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: Miguel M Mendoza  
Name (Printed or typed)

1139 Timberbend Circle  
Address

Orlando, Florida, 32824  
City, State & Zip

407-240-6619  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

DREAM FLOORS COVERING, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7512 Dr. Phillips Blvd. Suite 50 PMB 338  
ORLANDO, FL, 32819

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
To engage in all aspects of Home Improvement through its  
legally authorized officers, agents and employees.

### ARTICLE IV SHARES

The number of shares of stock is:  
1,000 SHARES OF COMMON STOCK AT \$1.00 PAR

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address (es) and title(s):  
RAFAEL DIAZ (PSD)  
PATRICIA ARIZTIZABAL (VCP)  
7512 Dr. Phillips Blvd. Suite 50 PMB 338  
ORLANDO, FL, 32819

### ARTICLE VI REGISTERED AGENT

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

RAFAEL DIAZ  
7512 Dr. Phillips Blvd. Suite 50 PMB 338  
ORLANDO, FL, 32819

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL M MENDOZA  
1139 TIMBERBEND CIRCLE, ORLANDO, FL. 32824

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date