

**PO3000091783**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

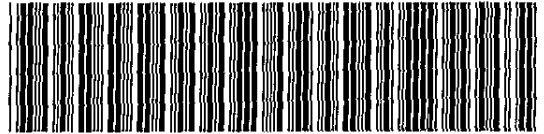
(Business Entity Name)

(Document Number)

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

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03 AUG 21 PM 12:24  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
03 AUG 21 AM 11:08  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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8/21/03

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DREAMS FOR HEALTH, CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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Dreams for Health, Corp.  
Articles of Incorporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG 21 PM 12:34

FILED

BY THESE ARTICLES OF INCORPORATION the incorporator for corporation for profit under Florida law.

1. NAME. The name of this corporation is Dreams for Health, Corp.
2. TERM. This corporation shall exist perpetually.
3. PURPOSE. The purpose of this corporation is to transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.
4. CAPITAL STOCK. This corporation is authorized to issue 100 Shares of common stock of a par value of \$1.00 a share.
5. REGISTERED AGENT. The initial registered agent for this corporation is Carlos Abril and the initial registered office is located at 540 SW 18 Terrace, Miami, Fl 33129.
6. DIRECTORS. This corporation shall have two directors initially. The number shall be fixed by the bylaws and may be changed from time to time.
7. PRINCIPAL AND MAILING ADDRESS. The Principal and Mailing address of the Corporation is: 2601 SW 37 Avenue, Suite 901, Miami, Fl 33133
8. INITIAL DIRECTORS. The name and street address of each member of the first Board of Directors is:

Carlos Abril  
540 SW 18 Terrace, Miami, Fl 33129

Alexis Abril  
2601 SW 37 Ave #901  
Miami, FL 33133

They shall hold office until the first annual meeting of stockholders.

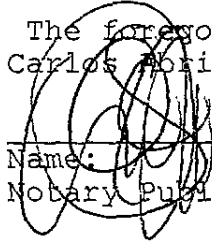
9. INCORPORATOR. The name and street address of the incorporator is Carlos Abril of 540 SW 18 Terrace, Miami, Fl 33129.

Dated on the 20th of August, 2003.

  
\_\_\_\_\_  
Carlos Abril

STATE OF FLORIDA  
COUNTY OF DADE

The foregoing was acknowledged before me this August 20, 2003 by Carlos Abril who is personally known to me.

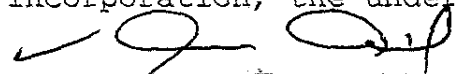
  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Notary Public, State of Florida



Orlando E Reyes  
My Commission CC993808  
Expires March 14, 2006

My Commission Expires:

CONSENT OF REGISTERED AGENT  
HAVING BEEN NAMED as a registered agent for this corporation at the registered office designated in the foregoing articles of incorporation, the undersigned accepts the designation.

  
\_\_\_\_\_  
Carlos Abril

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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