

P03000101428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

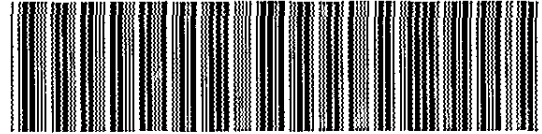
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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09/11/03--01025--015 \*\*87.50

**FILED**  
03 SEP 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS  
9/16/03

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

SUBJECT: Dreams Body Shop, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: Oscar Perez  
Name (Printed or typed)

12913 W. Okeechobee Rd. #6-2.  
Address

Hialeah Gardens, FL 33018.  
City, State & Zip

786-443-0647.  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

Dreams Body Shop, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12913 W. Okeechobee Rd. # G-2  
Hialeah Gardens, FL 33018

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Body shop

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Oscar Perez - President  
12913 W. Okeechobee Rd. # G2  
Hialeah Gardens, FL 33018

**ARTICLE VI REGISTERED AGENT**

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

Oscar Perez  
9719 N.W. 127 ST.  
Hialeah Gardens, FL 33018.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

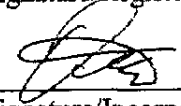
Oscar Perez  
9719 N.W. 127 ST.  
Hialeah Gardens, FL 33018

\*\*\*\*\*

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

9/8/03.  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/8/03.  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED