

PD3000132661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

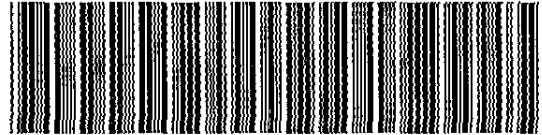
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600023824836

11/14/03--01010--018 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
03 NOV 14 AM 9:31 03 NOV 14 AM 10:39  
DIVISION OF CORPORATION

Charter Number Only

11/13  
 Requestor's Name CAST management  
 Address 4805 NW 79 AVE. #9  
MIAMI FL 33146  
 City State ZIP Phone  
 593-5151

VALIDATION ONLY

CORPORATION(S) NAME

SMART DREAMS SOLUTIONS, INC

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**CERTIFIED COPY**

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILIGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS SMART DREAMS SOLUTIONS, INC.

ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY, CORPORATION EXISTANCE SHALL BEGAIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES.

ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE 500 SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$10.00) DOLLARS PER SHARE UPON ISSUANCE.

ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT 208 SW 98 PLACE MIAMI, FLORIDA 33174 WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 NOV 14 AM 9:31

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS,  
LOUIS F. CAST 4805 NW 79 AVENUE #9 MIAMI,FLORIDA 33166

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY.  
THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

ARTICLE VIII

THE NAME AND STREET ADDRESSES OF THE INITIAL DIRECTOR OF THIS CORPORATION IS:  
ANA O. ESCOTO 208 SW 98 PLACE MIAMI, FLORIDA 33174 THE AFORSAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BYLAWS.

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

PRESIDENT ANA O. ESCOTO 208 SW 98 PLACE MIAMI, FLORIDA 33174

VICE PRESIDENT : JOHN J. LOPEZ 6102 NW 114 COURT BLDG 16 UNIT 107 MIAMI,FL 33178

TREASURER : LUIS R. ESCOTO 208 SW 98 PLACE MIAMI, FLORIDA 33174

SECRETARY:XIMENA B. LOPEZ 6102 NW 114 COURT BLDG 16 UNIT 107 MIAMI,FL 33178

ARTICLE IX

THE NAME AND STREET ADDRESS OF THE INCORPORATOR  
ANA O. ESCOTO 208 SW 98 PLACE MIAMI, FLORIDA 33174  
THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION



SIGNATURE / TITLE /  
ANA O. ESCOTO / PRESIDENT

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION : SMART DREAM SOLUTIONS, INC...
- 2 THE NAME AND ADDRESS OF THE REGISTERED AGENT IS :  
LOUIS F. CAST 4805 NW 79 AVENUE # 9 MIAMI, FLORIDA 33166

SIGNATURE: \_\_\_\_\_

JOHN J. LOPEZ VICE PRESIDENT

DATE NOVEMBER 11, 2003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

\_\_\_\_\_  
LOUIS F. CAST

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 NOV 14 AM 9:31