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SECRETARY OF STATE



TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	**\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: NETELLA WALKER Name (Printed or typed) 395 NW 177 STREET # 211 Address				
MIAMI, FL 33169 City, State & Zip (305) 804 - 5750 Davime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: DREAM WORLD FLORAL SESIONS & CAT	ERNG, CORP.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: # 211 MIAMI, FL 33169	-
ARTICLE III PURPOSE The purpose for which the corporation is organized is: RETAIL SALES OF FLORAL DESIGNS & PROUFOR KIEKSINGS & DTHER FUNCTIONS.	libe CATERING STRUICE
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
MRS. NETEHLA WALKER	FILE 03 DEC -4 SECRETARY OF
The name and Florida street address of the registered agent is: MS. NETGLA WALKER	PM 2: 25 PF STATE JF LORIDA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MRS. NETULA Walker	•••
**************************************	corporation at the place designated in this
Mck/a Wa/ke/ Signature/Registered Agent	11/23/03
Nella Walker Signature/Incorporator	11/23/03 Date