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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,





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TRANSMITTAL LETTER

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

SUBJECT:Mau	ıller's Living Dreams,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	The Paper Chase, INC		
	3756 S Springbreeze	(Printed or typed) Way Address	<u> </u>
-	Homosassa, FL. 34448 City	, State & Zip	
-	352 628-7114	Telephone number	.
	Day time i	· orefricite timitices	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 14, 2005

THE PAPER CHASE, INC. 3756 S. SPRINGBREEZE WAY HOMOSASSA, FL 34448

DREAMS

SUBJECT: MAULLER'S LIVING DREANS, INC.

Ref. Number: W05000007701

BREAMS

We have received your document for MAULLER'S LIVING DREAMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis Regulatory Specialist II New Filings Section

Letter Number: 005A00010350



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:

Mauller's Living Dreams INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8505 E. Hampton Point Road Inverness, FL. 34450

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage & Real Estate Business

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$1.00 Each

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Susan Mauller, President

James Mauller, Vice President

ARTICLE VI REGISTERED AGENT

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

Susan Mauller, 8505 E. Hampton Point Road, Inverness, FL. 34450

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Susan Mauller, 8505 E. Hampton Point Road, Inverness, FL. 34450

Signature/Registered Agent

Date

2/1/05

Signature/Incorporator

Date