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| (R | equestor's Name) |
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| PICK-UP | WAIT MAIL |
| (B | usiness Entity Name) |
| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

August 25, 2005

NICOLE VICTORIA SOMMERFELD 19920 VILLA RIDGE DRIVE #105 ORLANDO, FL 32821

SUBJECT: DREAMS & CREATIONS, INC.

Ref. Number: W05000040240



We have received your document for DREAMS & CREATIONS, INC.. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000085960 - DREAM CREATIONS, INC...

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) 245-6934.

Loria Poole **Document Specialist** New Filings Section

Letter Number: 605A00053904

TRANSMITTAL LETTER

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

| SUBJECT:(PR | Dreams & Creation DPOSED CORPORATE NA | | JDE SUFFIX) |
|-----------------------------|--|---|---|
| Enclosed are an orig | ginal and one (1) copy of the a | articles of incorporation | n and a check for: |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONALCO | X \$87.50 P 200 Filing Fee, Certified Copy & Certificate of Status |
| EDOM: | Nicola Wietaria Con | <u> </u> | FIREQUIRED |
| FROM: | Nicole Victoria Sor Name (Print | nmerfeld ted or typed) | |

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

19920 Villa Ridge Drive #105

City, State & Zip

Daytime Telephone number

Address

Orlando, Florida 32821

407-239-4897

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 & Creations by Nicole, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19920 Villa Ridge Drive #105 Orlando, Florida 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service – Event Coordination

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicole Sommerfeld - President/C.E.O Art Comito – Executive Vice President/C.F.O Curtis Sommerfeld – Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent

is:

Nicole Victoria Sommerfeld 19920 Villa Ridge Drive #105 Orlando, Florida 32821

<u>ARTICLE VII INCORPORATOR</u>

The name and address of the Incorporator is: Nicole Victoria Sommerfeld

19920 Villa Ridge Drive #105 Orlando, Florida 32821

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

9/1/05 Date