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(Re	questor's Name)			
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(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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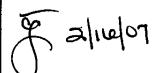
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SECRETACION SINTE



COVER LETTER

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

SECRETARY OF STATE TALLAHASSEE, PLARIDA

SUBJECT:	DREAM CYCLES (PROPOSED CORPORA	INC		
	(PROPOSED CORPORA	TENAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
	<u> </u>			
\$70.00		\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
•	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	•			
		·		
	.		•	
FROM:	John Lend	en		
	Name	(Printed or typed)		
8127 US HWY 19 N				
Address				
		_		
	Port Richen	Florida 3	34668	
	City,	State & Zip		
	727 - 8/7	- 0/33 Telephone number		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

January 10, 2007

JOHN LEYDEN 8127 US HIGHWAY 19 N PORT RICHEY, FL 34668

SUBJECT: DREAMCYCLES, INC. Ref. Number: W07000001473

We have received your document for DREAMCYCLES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

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) 245-6973.

Claretha Golden Document Specialist New Filing Section

Letter Number: 507A00002213

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: DREAMCYCLES, ENC

JOHN LEYDEN CUSTOMS , INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8127 US HWY 19 N

Port Richey, FLORIDA 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Motorcycle Repair / Fabrication

ARTICLE IV SHARES

The number of shares of stock is: 1000, Shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Leyden

8127 US HWY 19 N.

Port Richer, FL

34668

ARTICLE VI REGISTERED AGENT

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

John Leyder

10106 Willow Dr.

New Port Riche

INCORPORATOR

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

John Leyden

8127 US HWY 19 N

Port Richey, FL

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