

P07000063659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

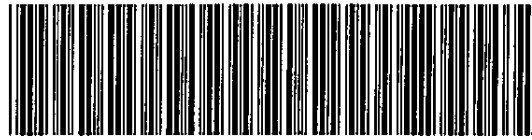
(Document Number)

Certified Copies _____ Certificates of Status _____

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W07 24267

Office Use Only



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05/21/07--01040--006 **78.75

FILED

2007 MAY 30 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 31 2007

COVER LETTER

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

SUBJECT: Lucid Dreams, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Lisane Razack
Name (Printed or typed)

1688 West Avenue Apt 506
Address

Miami Beach Fl. 33139
City, State & Zip

305-798-5004
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 MAY 30 AM 7:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 21, 2007

LISANE RAZACK
1688 WEST AVENUE APT 506
MIAMI BEACH, FL 33139

SUBJECT: LUCID DREAMS, INC.
Ref. Number: W07000024267

We have received your document for LUCID 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):

The document must state the number of shares of authorized stock.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 007A00035253

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:

LUCID DREAMS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1688 West Ave; Apt 506
Miami Beach Fl. 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell art and artifacts

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 125

FILED
2007 MAY 30 PM 3: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- Adnan Razack, 1688 West Ave, Apt 506 Miami Beach Fl. 33139 - President
- Lisane Razack, 1688 West Ave; Apt 506 Miami Beach Fl. 33139 - Vice President
- Joseph McComas, 1688 West Ave; Apt 506 Miami Beach Fl. 33139 - Director of Operations
- Firoza Razack, 1688 West Ave; Apt 506 Miami Beach Fl. 33139 - Treasurer

ARTICLE VI REGISTERED AGENT

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

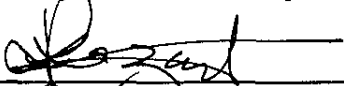
LISANE RAZACK, 1688 West Ave. Apt 506 Miami Beach Fl. 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisane Razack, 1688 West Ave; Apt 506 Miami Beach Fl. 33139

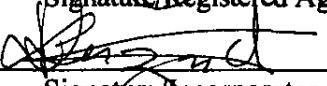
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/21/07

Date



Signature/Incorporator

5/21/07

Date