P07000063659

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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2007 MAY 30 PM 3: 11
SECRETARY OF STATE
AND ANASSEE FOR ORDINA

T. Burch MAY 3 1 2007

COVER LETTER

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

SUBJECT:	Lucid Dreams, Inc	۲۰۰		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
	/			
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
ED OL	Licane Raz	ack		
FROM:	Name (LISANE RAZACK Name (Printed or typed)		
	1688 West A	tvenue Ap	t 506	
	A	ddress	·	
	•			
	Miami Beach City,	<u>Pl. 3313</u>	.9	
	City, S	State & Zip	1	
	305-798-5	2011		
		elephone number		
		•		

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



RECEIVED

07 MAY 30 AM 7: 32

FLORIDA DEPARTMENT OF STATE Division of Corporations

DEPARTMENT OF STATE DIVISION OF CORPCRATURS TALLAMASSEF, 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: LUCID DR EAMS, Inc	· ·
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1668 West Aue ;	Apt 506
miani Beach F1. 33139	*
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Sell art and artifacts	FILED 2007 MAY 30 PM 3: 11 SECKETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is:	PN 3: 11 OF STATE E, FLORIDA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s): Idnan Razack, 1688 West Ave; Apt 506 Miami Beach Flisane Razack, 1688 West Ave; Apt 506 Miami Beach Flisane Razack, 1688 West Ave; Apt 506 Miami Beach Fliroza Razack, 1688 West Ave; Apt 506 Miami Beach ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered a LISANE RAZACK, 1688 West Ave. Apt 506 1	139 - Director of Operations F1. 33139 - Treasurer
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Lisane. Razack, 1688 West Ave; Apt 506 M	iani Beach 71-33139