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(Re	questor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WOO	D OF DREAMS		
		ng Florida Profit Corporation	on)
The enclosed Certificonvert an "Other B 607.1115, F.S.	icate of Conversion, A usiness Entity" into a	rticles of Incorporation "Florida Profit Corpora	, and fees are submitted to tion" in accordance with s.
Please return all cor	respondence concernir	ng this matter to:	
ALVAREZ, MC			e e e e e e e e e e e e e e e e e e e
	(Contact Person)		TAT SE
WOOD OF DR	EAMS		17 JUL -6 LAHASSE
	(Firm/Company)		ASS ASS
2922 W CLIFT	ON STREET		TA D
	(Address)		3: 38 STATE LORIDA
TAMPA, FL 33	614		TE 38
(City, State and Zip Code)		
For further informat	ion concerning this ma	atter, please call:	
MARIA J GO	NZALEZ (ACCOUNT	ey) 813 38	3-9424
(Name of Co	ontact Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check	for the following amou	unt:	
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	S122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	DDRESS:
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registration of C Division of C P. O. Box 63: Tallahassee,	orporations 27

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

WOOD OF DREAMS (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a SOLE PROPRIETORSHIP (Enter entity type. Example: limited liability company, limited partnership sole proprietorship, general partnership, common law or business trust etc first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the countr on 07/16/2003 (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: WOOD OF DREAMS.INC 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: WOOD OF DREAMS, INC (Enter Name of Florida Profit Corporation)

Page 1 of 2

5. If not effective on the date of filing, enter the e (The effective date: 1) cannot be prior to nor n document is filed by the Florida Department of effective date listed in the attached Articles of I therein.)	iore than 90 days afte 'State; <u>AND</u> 2) must b	r the date this se the same as	the	
Signed this 1ST day of JULY	, 20(, ₂₀ _07		
Signature: X (Must be signed by a Chairman, Vice Chairma Officers have not been selected, an Incorporate	r.)	r, if Directors	or	
Printed Name: ALVAREZ, MOISES F Title	OWNER			
		Z001 JUL -6 P 3: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Fees:				
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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:

WOOD OF DREAMS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2922 W CLIFTON STREET TAMPA, FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

5,000

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ALVAREZ, MOISES F 2922 W CLIFTON STREET TAMPA, FL 33614

ARTICLE VI REGISTERED AGENT

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

ALVAREZ, MOISES F 2922 W CLIFTON STREET TAMPA,FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALVAREZ,MOISES F 2922 W CLIFTON STREET TAMPA,FL 33614

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

O7/01/2007

Signature Registered Agent

O7/01/2007

Signature Registered Agent

Date

O7/01/2007

Date

ZOOT JUL -6 P 3: 38
SECRETARY OF STATE.