

P0800043426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

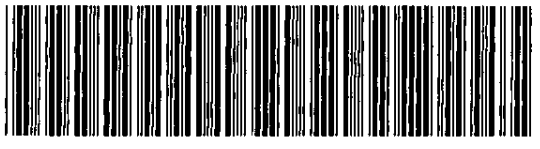
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Dreaming Large Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert L Axelson

Name (Printed or typed)

1811 21st street SW

Address

Naples, Florida 34117

City, State & Zip

239-435-1737

Daytime Telephone number

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

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:

Dreaming Large Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1811 21st street SW Naples, Florida 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing and distribution of various goods and services

ARTICLE IV SHARES

The number of shares of stock is:

7000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert L Axelson President

1811 21st street SW

Naples, Florida 34117

ARTICLE VI REGISTERED AGENT

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

Robert L Axelson

1811 21st street SW

Naples, Florida 34117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert L Axelson

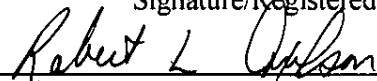
1811 21st street SW

Naples, Florida 34117

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



Signature/Incorporator


Date


Date

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TALLAHASSEE, FLORIDA