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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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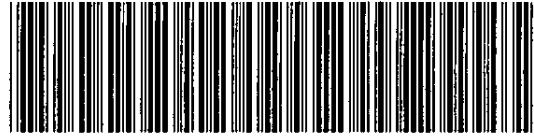
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

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

**SUBJECT:** Dream Maker Family 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:** Jason Malcolm

Name (Printed or typed)

3327 N.W.69th court

Address

Fort Lauderdale, Florida, 33309

City, State & Zip

954-709-2185

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:

Dream Maker Family Inc.

## ARTICLE II PRINCIPAL OFFICE

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

3327 N.W. 69th court Fort Lauderdale Florida 33309

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Start a new business

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Malcolm 3327 N.W. 69th court Fort Lauderdale Florida 33309—President(Director)

Holly Mateovic 3327 N.W. 69th court Fort Lauderdale Florida 33309—Secertary(Treasurer)

## ARTICLE VI REGISTERED AGENT

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

Jason Malcolm 3327 N.W. 69th court Fort Lauderdale Florida 33309

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Malcolm 3327 N.W. 69th court Fort Lauderdale Florida 33309

\*\*\*\*\*

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

9/1/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/1/08  
\_\_\_\_\_  
Date

FILED  
08 SEP -X AM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA