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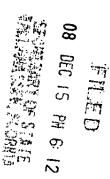
(Requestor's Name)				
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(Ac	ldress)			
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(Address)				
(Audiess)				
	hy/State/7in/Dhan	- +n		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
<u> </u>				
•				





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COVER LETTER



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

SUBJECT:	ariel dreams	inc.		
	(PROPOSED CORPOR.	ATE NAME – <u>MÜST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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	
		ADDITIONAL CO	Status PY REQUIRED	
FROM: Joelah and Name (Printed or typed)				
I	PO Box 11133	Address	· · · · · · · · · · · · · · · · · · ·	
	Sarasota Fl	342 78 7, State & Zip		
	941-400-510 Daytime	7 5 Telephone number	 	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	Coorperation
ARTICLE I NAME	
The name of the corporation shall be:	
anieldreams inc.	
ARTICLE II PRINCIPAL OFFICE	2061 7 Ha (1
The principal street address and mailing address, if different is:	Street 2051 7th St. address: Sarasota Fl 34237
PO Box 11133	address Sarasota Fl
PO Box 11133 Sarasota Florida Mailing Address 34278 ARTICLE III PURPOSE	34237
ARTICLE III PURPOSE	US-A
The purpose for which the corporation is organized is:	•
Food Distributor	
ARTICLE IV SHARES	
The number of shares of stock is:	2 8
350	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	5
sole owner loclah ariel	15 PH
sole owner Joelah ariel PO Box 11133	50 m
Savachta El	m 177 - 7
Savasota Fl 34278	
AKTICLE VI KEGISTEKED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the	e registered agent is:
joelah a riel 2051 7th St Savasota Fl 34237	
203/ 7th) f	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Inelah ariel	•
Joelah ariel PO BOX 11133	
Sarasota Fl 34278	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agre	
	Daylog
, Signature/Registered Agent	Dec 11,08 Dec 11,08
Signature regioned Agent	Dac 11 De
Signatural Incorporator	Dote ,
Signature/Incorporator	Date