

PO90000049198

(Requestor's Name)

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(City/State/Zip/Phone #)

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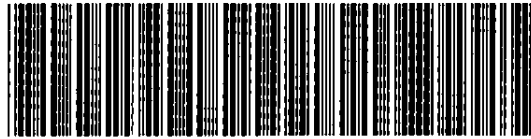
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/20/09--01015--005 \*\*70.00

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09 JUN -3 PM 12:20  
CLERK

## COVER LETTER

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

**SUBJECT:** Dream Solutions, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** LaDonna P. Haywood  
Name (Printed or typed)

1052 Newton Street  
Address

Englewood, FL 34224  
City, State & Zip

941-473-4180  
Daytime Telephone number

ladonnarana@comcast.net  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2009

LADONNA P HOLLYWOOD  
1052 NEWTON STREET  
ENGLEWOOD, FL 34224

SUBJECT: DREAM SOLUTIONS, INC.  
Ref. Number: W09000024176

We have received your document for DREAM SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 409A00017369

## 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 Solutions Universal, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

1052 Newton Street  
Englewood, FL 34224

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Internet store

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LaDonna P. Haywood, President  
1052 Newton Street  
Englewood, FL 34224

### **ARTICLE VI REGISTERED AGENT**

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

LaDonna P. Haywood  
1052 Newton Street  
Englewood, FL 34224

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LaDonna P. Haywood  
1052 Newton Street  
Englewood, FL 34224

\*\*\*\*\*

*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*

LaDonna P. Haywood  
Signature/Registered Agent

LaDonna P. Haywood  
Signature/Incorporator

5/28/09  
Date

5/28/09  
Date

FILED  
09 JUN -3 PM 12:20