

PO9000095664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

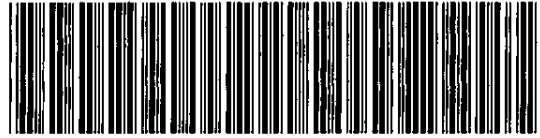
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/24/09

## COVER LETTER

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

SUBJECT: M B Dreams, 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: M B Dreams, Inc  
Name (Printed or typed)

1904 Paw Paw Place  
Address

Trinity, FL 34655  
City, State & Zip

727-375-9742  
Daytime Telephone number

bmarangiello1@aol.com  
E-mail address: (to be used for future annual report notification)

**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: M B Dreams, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
1904 Paw Paw Place  
Trinity, FL 34655

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Message Business

### **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):  
Michael A. Marangiello, President  
1904 Paw Paw Place  
Trinity, FL 34655

### **ARTICLE VI REGISTERED AGENT**

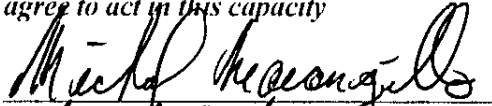
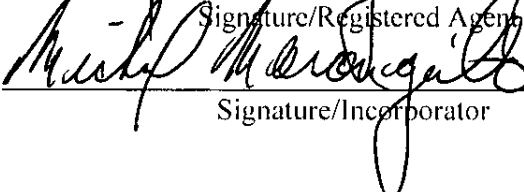
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Michael A. Marangiello  
1904 Paw Paw Place  
Trinity, FL. 34655

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Michael A. Marangiello  
1904 Paw Paw Place  
Trinity, FL. 34655

\*\*\*\*\*

*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

11/20/2009

Date

11/20/2009

Date

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