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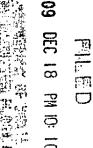
(Requestor's Name)			
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PICK-UP WAIT .	/ AIL		
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COVER LETTER

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

SUBJECT:	Golden Dreams Properties, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Shirle Name	y A. Williams (Printed or typed)		
		Jackson St. Address		
		ni, FL 33176 State & Zip		
		-346-7994		

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:

Golden Dreams Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15040 Jackson St. Miami, FL 33176

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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): Shirley A. Williams, President 15040 Jackson St. Miami, FL 33176

REGISTERED AGENT

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Shirley A. Williams 15040 Jackson St. Miami, FL 33176

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this çertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Lamont W Jones, Assistant VP

Signature/Registered Agent