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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9-30-10
400

COVER LETTER

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

SUBJECT: Restore American Dream, 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: FRANCIS MADASSERY
Name (Printed or typed)

865 NE 172 TER.
Address

MIAMI, FL 33162
City, State & Zip

954 665 1164
Daytime Telephone number

mfrancism321@gmail.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:

Restore American Dream, Inc.

ARTICLE II PRINCIPAL OFFICE

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

865 NE 172 TER., MIAMI, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Buying, Fixing, Renting, Selling Properties.

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):

FRANCIS
MADASSERY,
PRESIDENT,
865 NE 172 TER., MIAMI,
FL 33162

ARTICLE VI REGISTERED AGENT

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

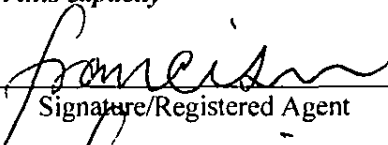
Francis Madassery, 865 NE 172 Ter, Miami, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francis Madassery, 865 NE 172 Ter, Miami, FL 33162

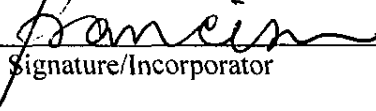
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/20/2010

Date



Signature/Incorporator

09/20/2010

Date

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TALLAHASSEE, FLORIDA