70000098885

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	

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FILEU 10 DEC -7 PM 2:3 SECRETARY OF STATE

PS 12/7/10

COVER LETTER

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

SUBJECT: DREAM WORKS (PROPOSED CORPORATION)	CARDENTRY Installitians, Inc.	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fèe & Certified Copy & Certificate of Status	
Į	ADDITIONAL COPY REQUIRED	
FROM: John Wigh	Printed or typed)	
7245 Hwy	dress	
White City	\$1.32465 ate & Zip	
850 (3c)	ephone number	
E-mail address: (to be used to	or 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: DREAM WO	ORKI CARpentry of Installations, Inc.
ARTICLE II FRINCIPAL OFFICE	·
Principal street address	Mailing address, if different is:
126175 (341/4)	
32465	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	0> 50 1
CIA	RPENTRY I TRIM, WOODSloop,
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE IV SHARES	
The number of shares of stock is: 3	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	YNDS II
Name and Title: John AURS TURE	Such lame and Title: MVIA HURST VICE PRESIDENT
Address: 7245 Hwy	Address: 7245 Hwy 71
White City of	White City +1 32465
Name and Title:	
Address:	Address:
Name and Title	Name and Title
Name and Title:	Address:
	<u> </u>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.Q. Box NOT acceptable	e) of the registered agent is:
Name: John Huls 1 Address: 7245 Huly 71	
White City 132465	
ARTICLE VII INCORPORATOR	
ARTICLE VII INCORPORATOR The name and address of the Incorporator, is:	
Name: Hohn duest	<u></u>
Address: 245 AWV 71	711/ <
WW.41.C.11/ +1 30	_4 (2)
Having been named as registered agent to accept service of pro	cess for the above stated corporation at the place designated in
this certificate fram familiar with and accept the appointment as	registered agent and agree to act in this cupacity
Mel And	12-7-10
Required Signature/Registered Agent	Date
	and there I am anyone that the Calor in Consenting with the I to a
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	are true. I am aware that the fatse information submitted in a clony as provided for in s.817.155. F.S.
)
who die	<u> </u>
Required Signature/Incorporator	Date