

P10000099836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

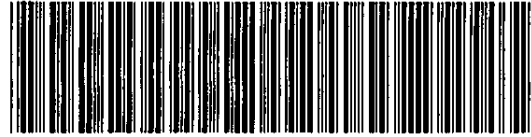
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
10 DEC -9 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
12/10

## COVER LETTER

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

SUBJECT: Dreamscapes 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: Manny Costa

Name (Printed or typed)

16530 SW 57th Lane

Address

Miami, Florida 33193

City, State & Zip

305-351-6800

Daytime Telephone number

dreamscapes305@comcast.net

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Dreamscapes, Inc.

10 DEC -9 AM 10: 22

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16530 SW 57th Lane  
Miami, FL 33193

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Professional Landscape Maintenance and Installations

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Manny Costa (President)	Name and Title: _____
Address: 16530 SW 57th Lane	Address: _____
Miami, FL 33193	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Manny Costa  
Address: 16530 SW 57th Lane  
Miami, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Manny Costa  
Address: 16530 SW 57th Lane  
Miami, FL 33193

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

\_\_\_\_\_  
Required Signature/Registered Agent  
12-01-2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator  
12-01-2010  
Date