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COVER LETTER

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

SUBJECT: A DREAM WAY CORP (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

Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED			

FROM: BEATRIZ PERALTA

Name (Printed or typed)

777 NW 72nd AVE #2073	_ _	2011	
Address	EC		~1 3744
MIAMI, FL 33126	NHASSE	APR - I	
City, State & Zip	C X	+ 	
305-261-6557	FLO	PH 12:	C
Daytime Telephone number		30	
betgraph@bellsouth.net / E-mail address: (to be used for future annual report notification)	*- 		

NOTE: Please provide the original and one copy of the articles.

ARTICLE I			
	A DREAM WAY COR corporation shall be:	(P	
RTICLE II	PRINCIPAL OFFICE		•
	Principal street address	Mailing	address, if different is:
	777 NW 72nd AVE #2073		
	MIAMI, FL 33126		
RTICLE III	PURPOSE		<u> </u>
	which the corporation is organized is: ALL LAWFUL BUSINESS		
RTICLE IV	SHARES hares of stock is: 100		
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
	Title: BEATRIZ PERALTA - PRESIDE	NI Name and Title:	
Address:	777 NW 72nd AVE #2073 MIAMI, EL 33126	Address:	
Name and	Title: JAVIER PERALTA - V-PRESIDE	NT Name and Title:	
Address:	777 NW 72nd AVE #2073	Address:	
	MIAMI, FL 33126		
	Title:		
Address:			
RTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) of the registered agent is:	2011 SE
Name:	BEATRIZ PERALTA		
Address:	777 NW 72nd AVE #2073 MIAMI, EL 33126		APR
			Scar -
RTICLE VII	INCORPORATOR		
ne <u>name and a</u>	ddress of the Incorporator is:		
Name:	BEATRIZ PERALTA		
Address:	777 NW 72nd AVE #2073		
	MIAMI, FL 33126		
	med as registered agent to accept service of pro		
is certificate, I	ar familier with and accept the appointment as	registered agent and agree to	act in this capacity
. /	Stualla -		03/15/2011
	Required Signature/Registered Agent		Date
submit tilis do	cument and affirm that the facts stated herein a	are true. I am aware that th	e false information submitted in
	Department of State constitutes a third degree fel	lowy as provided for in s 817	155 F 8
ocument to the		ony as proviaca for in s.or 7.	133, 143,
ocument to the	Buath ,	ony as provided for in s.817.	133, 1 .3.

Required	Signature/	Incorporator

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Date