

12/11/2012 AT 7:29 AM

P12000102074

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000276818 3)))



H120002768183ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : I20070000033
Phone : (305) 649-7040
Fax Number : (305) 643-3237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: isabelaraica@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DREAMS DISTRIBUTION CORP of products and Roots.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

12 DEC 14 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/17/12

EFFECTIVE DATE 01/01/13**ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

**DREAMS DISTRIBUTION CORPORATION
of Products, Roots and Vegetables.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4011 W FLAGLER ST STE 501
Coral Gables, FL 33134**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ANA ISABEL ARAICA
4011 W FLAGLER ST STE 501
Coral Gables, FL 33134**

ARTICLE V: THE MANNER IN WHICH DIRECTORS ARE ELECTED OR APPOINTED IS:

This Corporation may engage or transact any or all lawful activities or business permitted under the laws of the US, the State of Florida, Country, territory or Nation.

Effective Date: 01/01/2013

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 14 AM 11:02

ARTICLE VI INCORPORATORS(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**ANA ISABEL ARAICA
4011 W FLAGLER ST STE 501
Coral Gables, FL 33134**

ARTICLE VII DIRECTOR(S)

The name (s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

**ENA CUADRA
10750 SW 88th STREET, J-15
MIAMI, FL 33176**

PRESIDENT

**VANESSA A CHIA
10750 SW 88th STREET, J-15
MIAMI, FL 33176**

VICE-PRESIDENT

**MARIA GRANADOS
1430 E MOURY DR #202
HOMESTEAD, FL 33033**

TREASURY

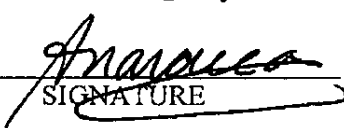
**MARIA JOSE VELAZQUEZ
10750 SW 88th STREET, J-15
MIAMI, FL 33176**

DIRECTOR

**ANA ISABEL ARAICA
4011 W FLAGLER ST STE 501
CORAL GABLES, FL 33134**

SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of incorporation this November 24th, 2012.


SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

**DREAMS DISTRIBUTION CORPORATION
of Products, Roots and Vegetables.**

1. The name and address of the registered agent and office is:

**ANA ISABEL ARAICA
4011 W FLAGLER ST STE 501
Coral Gables, FL 33134**

12 DEC 14 AM 11:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Ana Araica

DATE

11/24/12