

P13000032693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

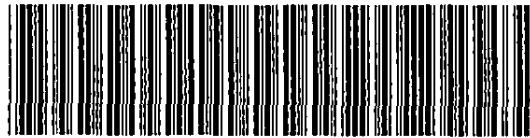
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
FORT MYERS
FACILITY
FORT MYERS, FLORIDA

FILED

13 APR - 9 PM 2:22

4/10/13

January 28, 2013

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: Oasis Dreams Inc
Document #P10000028562
Status: Inactive- Annual Report

Dear Sirs/Madam:

Enclosed find application for new corporation and a check in the amount of \$70.00. The above referenced corporation is inactive due to the annual report fees.

I do not wish to reinstate this corporation and release it at this time.

Please be kind enough to give this your prompt attention and hope to hear from you shortly.

Sincerely,



Christian Kruppa

13 APR -9 PM 2:24
FLORIDA DIVISION OF STATE
ATLANTIC, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Oasis Dreams 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: Dolores C Strockbine
Name (Printed or typed)

1314 Lafayette Street
Address

Cape Coral, FL 33904
City, State & Zip

239-549-2444
Daytime Telephone number

dstrockbine@hillcocpa.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: Oasis Dreams Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address 1314 Lafayette Street
Mailing address, if different is:
Cape Coral, FL 33904

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian Kruppa — Pres

Address: 1314 Lafayette Street Address:
Cape Coral, FL 33904

13 APR - 9 PM 2:22
U.S. GOVERNMENT OF STATE
FLORIDA
FAYETTE, FL 33904
77-760

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: Thomas W Hill
Address: 1314 Lafayette Street
Cape Coral, FL 33904

FLORIDA STATE
TALLAHASSEE, FLORIDA

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13 APR - 9 PM 2: 22

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christian Kruppa
Address: 1314 Lafayette Street
Cape Coral, FL 33904

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

Thomas W Hill
Required Signature/Registered Agent

4-2-13
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.

✓ C.S.
Required Signature/Incorporator

4-2-13
Date