## P1300089961

(Re	equestor's Name)	•	
	•		
(Ac	dress)		
<b>(</b>	<b>,</b>		
<i>t</i> •			
<del></del>			
(Ac	ldress)		
•			
(Ci	ty/State/Zip/Phone	#)	
`,	,	,	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
·	•	·	
	and Number		
(Document Number)			
Certified Copies	_ Certificates	of Status	
		<del></del>	
Special Instructions to	Filing Officer:		
		·	
		ŀ	



600251012256

08/26/13--01045--003 \*\*70.00

13 NOV -1 PH 1:58

Office Use Only

1112-18301 MD 11/4

## **COVER LETTER**

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

SUBJECT:	Dare to Dre	ean, Inc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Tracyl	e (Printed or typed)	
<u>_l</u>	542 Highgate	Yark Blvd Address	
	Davenport city	FL 33897 State & Zip	7 ;
	701-301 Daytime T	o-691 elephone number	
	E-mail address: (to be use	Ecom 20/0/\ d for future annual report	Ve.LOM

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



August 29, 2013

TRACY LEWIS 642 HIGHGATE PARK BLVD. DAVENPORT, FL 33897

SUBJECT: DARE TO DREAM, INC. Ref. Number: W13000048301

We have received your document for DARE TO DREAM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00020607

District of Comparations DO DOV 6997 Tellaharma Florida 2991

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE IV SHARES The number of shares of stock is:  Name and Title: Te Sident May Day Address:  Day Opt FL 33897  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Te Sident May Day Address:  Day Opt FL 33897  Name and Title: Te Sident May 10 RW B Name and Title:  Address Address:  Address Address:  Name and Title: Address:  Address Address:  Name and Title: May 133897	The name of the corpor	ration shall be:_	Dare t	o Drew	mwith	<u> Us, 1</u>	nc.
ARTICLE IV SHARES The purpose for which the corporation is organized is: to collect sales  COMMISSIONS associated with It Works!  direct sales  The number of shares of stock is: 100  ARTICLE IV SHARES The number of shares of stock is: 100  ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Pesident—Tracy I AW Same and Title:  Address  Address  Divenport FL 338971  Name and Title: I/CE PRESIDENT—MINIOLANIS Name and Title:  Address  Address  Divenport FL 338971  Name and Title: 138971  Name and Title: 138971		Principal stre	et address	١	Mailing a	address, if dif	ferent is:
ARTICLE IV SHARES The number of shares of stock is:  Name and Title:	642 High	1		d -			经验工作
The purpose for which the corporation is organized is: 10 CONYMISSIONS ASSOCIATED WITH IT WOYKS.  ARTICLE IV SHARES. The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: PESIGENT - TROUM RUNSame and Title: Address LAD Hapate Pay K blydaddress: 2000 Name and Title: LCC PRSIDENT - May 10 Law 8 Name and Title: Address LAB Hapate Pay K blyda Name and Title: Address LAB Hapate Pay K blyda Address: 2000 Name and Title: 133897	Laveripe	X IFL C	)20 J				SF.E.
ARTICLE IV SHARES The number of shares of stock is:  Name and Title: PESIGENT - Tracy Lew Same and Title:  Address LAD Hongate Pay K by Address:  Davenport FL 33897  Name and Title: Like PRSHENT - May by Lew Shame and Title:  Address LAD Hongate Pay K by Address:  Davenport FL 33897  Name and Title: Name and Title:  Name and Title: Name and Title: Name and Title:	The purpose for which	the corporation					<u> </u>
The number of shares of stock is:			s assoc	iated	with 1	-Mov	hs!
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: PESICIENT - TOQUIC RUNGame and Title:  Address LAD HONGOTE PAYK DIVIANGES:  DOVEN PORT FL 33897  Name and Title: VICE PRESIDENT - MOVIOL RUNG Name and Title:  Address LAD High gate Payk BIVA Address:  DOVEN PORT FL 33897  Name and Title: Name and Title:				· · · · · · · · · · · · · · · · · · ·			
The number of shares of stock is:							
The number of shares of stock is:		<del> </del>				<del> </del>	<del></del>
Address    Address   Addre	The number of shares o	of stock is:	ERS AND/OR DIR	1 1 -			·
Name and Title: VICE PRESIDENT - MAYIO LEWIS Name and Title:  Address   JOHN High graft Pay K Blvd   Address:  Daven port F1 33897	· Name and Tit		$\sim$	1			
Address   OHO High gate Payk blvd   Address:   Daven port Fl 33897    Name and Title:   Name and Title:	Address	DOWN TV	angaterar	<u>KOV</u> Aaddre:	ss:		
Address   OHO High gate Payk blvd   Address:   Daven port FL 33897    Name and Title:   Name and Title:		UNEIT	OTFL 35	<u> </u>			<del>*************************************</del>
Address   OHO High gate Payk blvd   Address:   Daven port FL 33897		Vice DOS	citont-Marin				
Name and Title:  Name and Title:							
	Address	DUANT	nt FI 229	OVO_ Addres	ss:	<del></del>	
			2011 (1) 31	<b></b>			
Address Address:	Name and Title	e:		Name :	and Title:		
· · · · · · · · · · · · · · · · · · ·							

Name	and Title:	Name and Title:	
Addre	ess <u></u>	Address:	
	<del></del>	<del></del>	
ARTICLE VI	REGISTERED AGENT		<u> </u>
The name and	Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	Tracy Lewis	<del></del>	NOV -
Address:	642 Highgate Par	R play	RY OF
	Davenport, FL 3389	<u> </u>	For a D
<u>ARTICLE VI</u>	I INCORPORATOR		<b>58</b> Ale Prida
The name and	address of the Incorporator is:		
Name:	Tracy Lewis		
Address:	LHA Highgate to	K blyd	
	Davenport FL 339	397_	
	named as registered agent to accept service of I am familiar with and accept the appointm		
	pag Lewix	)	8-22-13
	Required Signature/Registered A	gent	Date
I submit this d document to th	locument and affirm that the facts stated h ne Department of State constitutes a third det	erein are true. I am aware that the fals gree felony as provided for in s.817.155,	se information submitted in a F.S.
	Macy Lewix	<u> </u>	8-22-13
_	Required Signature/Incorporat	or	Date