P14000036321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

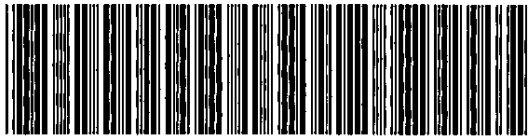
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/14--01005--020 **78.75

FILED
14 APR 22 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**COVER LETTER**

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

SUBJECT: Florida Dream Design 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

❑ $78.75 Filing Fee & Certified Copy

❑ $87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Heiko Strauss
Name (Printed or typed)

1706 SW 53rd Ln
Address

Cape Coral FL, 33914
City, State & Zip

239 898 7930
Daytime Telephone number

info@floridadream-services.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: Florida Dream Design Corp.

***ARTICLE II PRINCIPAL OFFICE***

Principal street address

1706 SW 53rd Ln
Cape Coral FL, 33914

Mailing address, if different is:

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: Interior Design,
new construction consulting

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***ARTICLE IV SHARES***
The number of shares of stock is: 100

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

Name and Title: Heiko Strauss
Address 1706 SW 53rd Ln
Cape Coral FL, 33914

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

(conti.)

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: Heiko Strauss

Address: 1706 SW 53rd Ln

Cape Coral FL, 33914

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TALLAHASSEE FLORIDA

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Name: Heiko Strauss

Address: 1706 SW 53rd Ln

Cape Coral FL, 33914

***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***

_____ 04/14/2014

Required Signature/Registered Agent — 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.***

_____ 04/14/2014

Required Signature/Incorporator — Date