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16 JAN 26 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

**SUBJECT:** DREAM DOCK-TORS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** STEVEN JONATHAN CAPLES  
Name (Printed or typed)

186 MONUMENT STREET (P.O. BOX 131)

Address

RED CLIFF, CO 81649

City, State & Zip

352-255-6313

Daytime Telephone number

DJKENNIECMALLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
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16 JAN 26 PM 4:41

**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: DREAM DOCK-TORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11522 PATRICA LOOP, CLERMONT, FLORIDA 34711

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WATER FRONT DOCKS AND RELATED STRUCTURES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES

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

Name and Title: STEVEN JONATHAN CAPLES, PRES & SECR

Address: 186 MONUMENT STREET  
PO BOX 131  
RED CLIFF, CO 81649

Name and Title: STEVEN DOUGLAS PARRISH

Address: 11522 PATRICA LOOP  
CLERMONT, FLORIDA 34711

Name and Title: CAROLYN CAPLES, FINANCIAL OFFICER / DIRECTOR

Address: 11903 LAKE MINNOELA SHORE  
CLERMONT, FLORIDA 34715

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID J. KENNIE

Address: 405 WHITEWING CIRCLE  
MINNEOLA, FLORIDA 34715

**ARTICLE VII INCORPORATOR**

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

Name: STEVEN JONATHAN CAPLES

Address: PO BOX 131  
186 MONUMENT STREET  
RED CLIFF, CO 81649

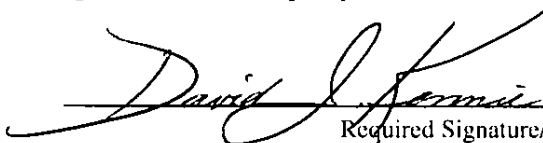
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VIII EFFECTIVE DATE:**

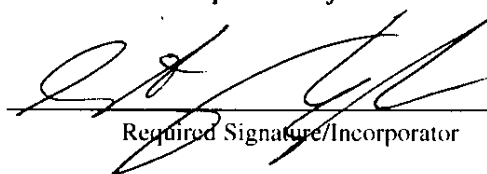
Effective date, if other than the date of filing: . (OPTIONAL)

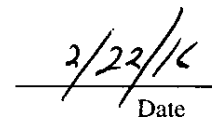
*Having been named as registered agent to DREAM DOCK-TOR, INC. accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

  
\_\_\_\_\_  
Date

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AND  
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