P16000034583

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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E. SCOTT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 18 PM 12:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

A.
MARTINE & DECAMBRE
1620 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34984

SUBJECT: DREAM BIGGER DREAM BETTER,
Ref. Number: W16000023991

We have received your document for DREAM BIGGER DREAM BETTER, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

(4) The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

(1) List registered agent wth addtess and registered agent must sign,,

(2) Please return the corrected original and one copy of your document, along with a (3) 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 616A00006638

RECEIVED
16 APR 18 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Dream Bigger Dream Better, 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: MARTINE A. DECAMBRE
Name (Printed or typed)

1620 SW Baystone Blvd.
Address

Port St. Lucie, FL 34984
City, State & Zip

772-801-7409
Daytime Telephone number

AAA
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: DREAM BIGGER DREAM BETTER, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1620 SW Bayshore Blvd Port St Lucie FL 34984

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To foster Educational Excellence on The Treasure Coast Preparing young minds for college and beyond + helping them to be the best participator in this world that they can be.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~PRES~~ MARTINE DECHABRE CEO
Address: 1620 SW Bayshore Blvd Port St. Lucie, FL 34984

Name and Title: PANSY BELL/Secretary
Address: 1620 SW Bayshore Blvd Port St. Lucie, FL 34984

Name and Title: Matthew S. Alexis President
Address: 1620 SW Bayshore Blvd Port St. Lucie, FL 34984

Name and Title:
Address:

Name and Title:
Address:

FILED
16 APR 18 PM 2:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Martine A. DECAMBRE

Address: 1620 SW Bay Shore Blvd.)
Port St. Lucie, FL 34984

ARTICLE VII INCORPORATOR

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

Name: MARTINE DECAMBRE

Address: 1620 SW Bayshore Blvd
Port St. Lucie, FL 34984

ARTICLE VIII EFFECTIVE DATE:

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

(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.

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

M Decambre
Required Signature/Registered Agent

3/20/16.
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.

M Decambre
Required Signature/Incorporator

3/20/16
Date