

P160000 9/3/17

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

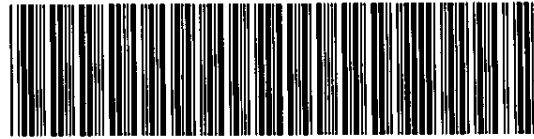
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/10/16--01015--021 \*\*78.75

FILED  
2016 NOV 10 AM 8:22  
STATE  
TALLAHASSEE, FLORIDA

V HERRING

NOV 16 2016

## COVER LETTER

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

SUBJECT: European Dream 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: Andrei Arlovski  
Name (Printed or typed)  
9619 SAVONA WINDS DRIVE  
Address  
DADE BEACH, FL 33446  
City, State & Zip  
773-710-7007  
Daytime Telephone number  
AndreiThePitbull@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: European Dream Inc. 2016 NOV 10 AM 8:23

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is FLORIDA

9619 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERSONAL SERVICE AND  
OTHER PROFESSIONAL OPPORTUNITIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrei Arlovski President

Address: 9619 SAVONA WINDS DRIVE  
DELRAY BEACH, FL  
33446

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

2016 NOV 10 AM 8:23

Address \_\_\_\_\_

Address: \_\_\_\_\_

SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

Andrei Arlovski

Address: \_\_\_\_\_

9619 SAVONA WINDS DRIVE  
DELOX BEACH, FL 33446

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Andrei Arlovski

Address: \_\_\_\_\_

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DELOX BEACH, FL 33446

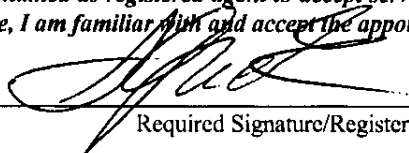
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: December 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*



Required Signature/Registered Agent

11/7/2016  
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

11/7/2016  
Date