

P17000032383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MOON
MAR 31 2017

W17-21953



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2017

ANA LOPEZ
15216 SW 112 PL
MIAMI, FL 33157

SUBJECT: DREAMS AND ILLUSIONS, INC.
Ref. Number: W17000021983

We have received your document for DREAMS AND ILLUSIONS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 217A00004933

17 MAR 31 PM 12:39
JURATON OF OFFICIAL
INFORMATION SERVICES

17 MAR 31 PM 3:47
SECRET

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DREAMS AND ILLUSIONS
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ANA LOPEZ

Contact Person

DREAMS AND ILLUSIONS

Firm/Company

15216 SW 112 PL

Address

Miami, FL 33157

City, State and Zip Code

DREAMS - ILLUSIONS1@YAHOO.COM

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

For further information concerning this matter, please call:

ANA LOPEZ

Name of Contact Person

at (305) 490-0313

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

Florida Profit Corporation

17000 00000

Signed this 7 day of MARCH, 20 17.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: _____ Title: _____

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: ANA LOPEZ Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: DREAMS AND ILLUSIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

15216 SW 112 PL

Miami, FL 33157

Mailing address, if different is:

15216 SW 112 PL

Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Janitorial and Maintenance Services.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA LOPEZ, President

Address: 15216 SW 112 PL
Miami, FL 33157

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: Manuel Hormiga, Vice President

Address: 15216 SW 112 PL
Miami, FL 33157

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Ana Lopez

Address: 15216 SW 112 PL
Miami, FL 33157

ARTICLE VII INCORPORATOR

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

Name: Ana Lopez

Address: 15216 SW 112 PL
Miami, FL 33157

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

Ana Lopez
Required Signature/Registered Agent

3/7/17
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Ana Lopez
Required Signature/Incorporator

3/7/17
Date

17 March 2017 15:00:17
STATE OF FLORIDA
DEPARTMENT OF STATE