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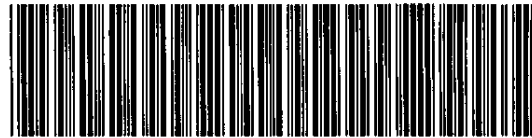
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AND  
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17 APR -6 AM 8:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 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)

Address \_\_\_\_\_ 11903 LAKE MINNEOLA SHORES \_\_\_\_\_

\_\_\_\_\_ CLERMONT, FLORIDA 34715 \_\_\_\_\_  
City, State & Zip

\_\_\_\_\_ (352) 255-6313 \_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_ DJWMKENNIE@AOL.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: DREAM DOCK-TORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11903 LAKE MINNEOLA SHORES  
CLERMONT, FLORIDA 34715

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WATER FRONT DOCKS AND RELATED STRUCTURES REPAIRS, DESIGNS, MAINTAINCE, AND BUILDOUT

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES

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TALLAHASSEE, FLORIDA

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

Name and Title: STEVEN JONATHAN CAPLES, PRES

Address: 11903 LAKE MINNEOLA SHORES  
CLERMONT, FLORIDA 34715

Name and Title: CAROLYN E. CAPLES, VICE PRES.

Address: 11903 LAKE MINNEOLA SHORES  
CLERMONT, FLORIDA 34715

Name and Title: ELMA KELLY, SEC.

Address: 11903 LAKE MINNEOLA SHORES  
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  
CLERMONT, FLORIDA 34715

**ARTICLE VII INCORPORATOR**

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

Name: STEVEN JONATHAN CAPLES

Address: 11903 LAKE MINNEOLA SHORES

CLERMONT, FLORIDA 34715

(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:

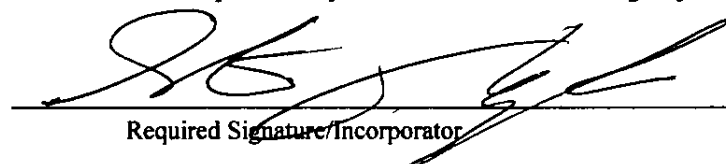
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

(OPTIONAL)

  
\_\_\_\_\_  
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