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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120800000019 Phone

: (305)552-5973

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION DREAM TRUCKLINES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Dream thucklines INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  M: POBOX 170126 Higheah, F1  33015.
P: 8335 NW 186 ST, Hialeah, Pl, 33015.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS:  Dayron (rue (P)  Greisy Ybarra (V)
ARTICLEV INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:  Dayron Cruz  8385 NW 186 ST  Higleah FL 33015
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:    Dayron

## Required Signatures:

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

07/31/2018

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 5.81×155. F.S.

⊅đ Agent

Oporator

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