	Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





100331736091

100331736091 07/11/19--01001--009 **78.75

2019 JUL 10 AM 9: 03

FILED

JUL 1 1 2019

K Brumbley

ĆΟ	RPORATE	
	ACCIMOC	

When you need ACCESS to the world

ACCE	90
TAT	•

INC.

(CORPORATE NAME AND DOCUMENT #)

PECIAL INSTRUCTIONS:

PICK UP:

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

M	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
Ø	FILING	articles
	DPEAMER 5 CORPORATE NAME AND DOCUMENT	<u>n</u> c
	(CORPORATE NAME AND DOCUMENT	#)
	(CORPORATE NAME AND DOCUMENT	#)
	(CORPORATE NAME AND DOCUMENT	#)
-	(CORPORATE NAME AND DOCUMENT	#)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Dreamer 5 Inc ARTICLE II PRINCIPAL OFFICE Principal street address 16129 E Hwy 50, Ste 101 Clermont, FL 34711		Mailing a	ddress, if different is: 50, Ste 101
		Clermont, FL	34711
ARTICLE III PURA The purpose for which	<u>POSE</u> the corporation is organized is: Any and	l all lawful activity.	
ARTICLE IV SHA The number of shares	RES of stock is: 1,500		-
The number of shares ARTICLE V INIT	of stock is: 1,500		2019 JUL I SECRETAL TALLAHAS
The number of shares ARTICLE V INIT	of stock is: 1,500	Name and Title:	SSRY 5
The number of shares ARTICLE V INIT Name and Ti	of stock is: 1,500 CIAL OFFICERS AND/OR DIRECTORS tle: Anilkumar Varma, DPST		
The number of shares ARTICLE V INIT Name and Ti Address	MAL OFFICERS AND/OR DIRECTORS tle: Anilkumar Varma, DPST 16129 E Hwy 50, Ste 101	Address:	IO AH S: OS NRY OF STATE SSEE, FLORIDA
The number of shares ARTICLE V INIT Name and Ti Address	Anilkumar Varma, DPST 16129 E Hwy 50, Ste 101 Clermont, FL 34711	Address: Name and Title:	IO AH 9: 03 NRY OF STATE SSEE, FLORIDA
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit Address	Anilkumar Varma, DPST 16129 E Hwy 50, Ste 101 Clermont, FL 34711	Address: Name and Title: Address:	LED IO AH 9: 03 NRY OF STATE SSEE, FLORIDA
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS tle: Anilkumar Varma, DPST 16129 E Hwy 50, Ste 101 Clermont, FL 34711	Address: Name and Title: Address:	LED NARY OF STATE SSEE, FLORIDA

Name an	d Title:	Name and Title:
Address		Address:
		_
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Registered Agents Inc.	or the registered agent is:
Address:	7901 4th St N, Ste. 300	
Address.	St. Petersburg, FL 33702	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Amanda J. Beren	
Address:	31416 Agoura Rd., Suite 118	_
	Westlake Village, CA 91361	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicab effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Bel Home	7/10/19
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	ayr	1110/19
Requ	ired Signature (Incorporator	Date