

# P95000018092

## TRANSMITTAL LETTER

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

4000001421444  
-03/06/95--01020--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: The Impossible Dream, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FILED  
MAR - 9 11 2 03

FROM: Patricia F. Roberts  
Name (printed or typed)

20 N.E. 9th Avenue  
Address

Deerfield Beach, FL 33441  
City, State & Zip

(305) 420-5337

Daytime Telephone number

*PAID 3/06/95 P95-18092*  
NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

FILED  
JAN 13 2003

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: The Impossible Dream, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

20 N.E. 9th Avenue, Deerfield Beach, Fl 33441

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Patricia F. Roberts  
20 N.E. 9th Avenue, Deerfield Beach, Fl 33441

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Patricia F. Roberts  
20 N.E. 9th Avenue  
Deerfield, Beach, Fl 33441

Purpose of business: Weddings- ceremonies, arrangements, consultation

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

First day of March, 1995.

Patricia F. Roberts

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ~~The Impossible Dream, Inc.~~

2. The name and address of the registered agent and office is:

Patricia F. Roberts

\_\_\_\_\_  
(Name)

20 Northeast 9th Avenue

\_\_\_\_\_  
(P.O. Box not acceptable)

Deerfield Beach, FL 33441

\_\_\_\_\_  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Patricia F. Roberts  
(Signature)

3/11/95

(Date)

\_\_\_\_\_  
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P95000018092

P95-18092

Mail this postcard to people and businesses who want to receive your mail.

Please send mail to new address beginning: 11/10/1991  
Month Day Year

My Name (Last name, first name, middle initial)  
The Impossible Dream Inc. Apt./Suite #

OLD Complete Street Address or PO Box or Rural Route and RR Box  
20 NE 9th Ave State ZIP or ZIP+4 Code 133441

City or Post Office  
Deerfield Bch FL Apt./Suite #

NEW Complete Street Address or PO Box or Rural Route and RR Box  
16800 NW 39th Ave State ZIP or ZIP+4 Code 160464

City or Post Office  
Ocala Creek, FL 33073

NEW Telephone Number (Optional)

Account Number (if applicable)  
P95000018092

Signature  
Today's Date: 11/10/1991  
Month Day Year

Upd 11/14/91  
RA-chg

P95000018092

Patricia F. Roberts  
6800 N.W. 38th Ave.  
Lot 484  
Coconut Creek, FL 33073

City/State/Zip

Phone #

600002011196 -3

-11/21/96--01050--11

\*\*\*\*\*35.00 \*\*\*\*\*55.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
36 NOV 21 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 2 1996

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Fla. submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: The Impossible Dream, Inc.

1b. The mailing address of the corporation is: 6800 NW 39th Ave,  
Unit 464, Coconut Creek, FL 33073

1c. Date of Incorporation: 3/3/95 Document number: P95000018092

2. The name and address of the current registered agent and office:

Patricia F. Roberts  
20 NE 9th Ave  
Deerfield Beach, FL 33441

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Patricia F. Roberts  
6800 NW 39th Ave Unit 464  
Coconut Creek FL 33073

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Patricia F. Roberts  
(Signature of an officer, chairman or  
vice chairman of the board)

11/19/96  
(Date)

Patricia F. Roberts, Pres  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Patricia F. Roberts  
(Signature of Registered Agent)

11/19/96  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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