## P 9 5 0 0 0 0 6 2 6 5 7 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: DREAM-CATCHER ENTERPRISES (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$131.25 \$70.00 \$78.75 \$122.50 Filing Fee, Certified Copy Filing Fee & Certific ate Filing Foa Filing Fee & Certified Copy & Certificate Additional Copy Required MAX MAXWELL FROM: Name (printed or typed) 4945 HOLLY BAY WAY Address OR LANDO FL 32829 City, State & Zip 407) 382-9240 500001558515 -08/11/95--01056--012 \*\*\*\*\*78.75 \*\*\*\*\*78.75 Daytime Telephone number

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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:

DREAM-CATCHER ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4945 HOLLY BAY WAY ORLANDO, FL 32829

ARTICLE III SHARES

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

- ONE -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAX MAXWELL 4945 HOLLY BAY WAY ORLANDO, FL 32829

## ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

MAX MAXWELL 4945 HOLLY BAY LUAY ORLANDO, FL 32829

GARY MALACLE 526 MERCADO AU ORLANDO, FL 32807

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

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: <u>INCEAPA-CATCHER FUTFORCISES</u> ,	INC.	N-0-1-1-	
2.	The name and address of the registered agent and office is:	1 101	- 1995 - 1995	
	MAX MAXWELL (NAME)		895 AGE 11	77( ] [772]
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		24 以 0	
	CRLANDO FL 32829 (CITY/STATE/ZIP)	( L 1 1 1	99	

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.

Aug 1 1995
(SIGNATURE)

Aug 1 1995
(DATE)