

P96000098225

TRANSMITTAL LETTER

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

000002017510--S  
-12/03/96--01043--012  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: DREAMCHASERS 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    ☐ \$78.75    ☒ \$122.50    ☐ \$131.25

FILED  
DEC-2 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: JENNIFER J. KILA  
Name (printed or typed)

2568 LINCOLN AVE  
Address

COCONUT GROVE FL 33133  
City, State & Zip

305-859-8135  
Daytime Telephone number

rkp  
12/16/96

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

ARTICLES OF INCORPORATION  
OF

DREAMCHASERS INC.

FILED  
S6 DEC -2 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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: DREAMCHASERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2568 LINCOLN AVENUE  
COCONUT GROVE, FL, 33133

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JENNIFER J. KILA  
2568 LINCOLN AVE  
COCONUT GROVE, FL, 33133

**ARTICLE V INCORPORATOR(S)**

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

JENNIFER J. KILA  
2568 LINCOLN AVE  
COCONUT GROVE, FL 33133

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

26th day of NOVEMBER, 1996.

  
\_\_\_\_\_  
Signature

11/26/96

\_\_\_\_\_  
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: DREAMCHASERS

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

JENNIFER J. KILA

(Name)

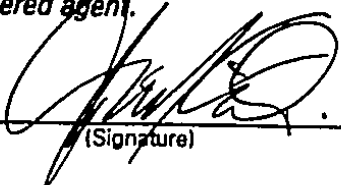
2568 LINCOLN AVE

(P.O. Box not acceptable)

COCONUT GROVE, FL 33133

(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.*

  
(Signature)

JENNIFER J. KILA

FILED  
66 DEC -2 PM 10:32  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA