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TRANSMITTAL LETTER

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

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-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 for :

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FILED
96 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

RK/AG
/B

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

**ARTICLES OF INCORPORATION
OF**

DREAMCHASERS INC.

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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

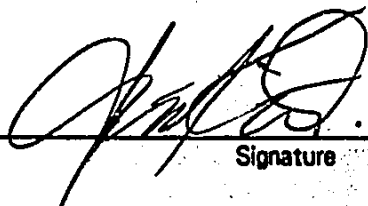
ARTICLE V INCORPORATOR(S)

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)

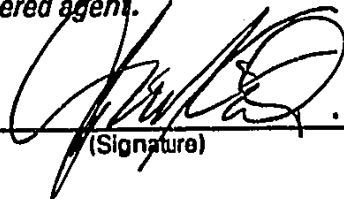
2568 LINCOLN AVE

(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

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