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## TRANSMITTAL LETTER

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

700002041687--4  
-12/31/96-01015--014  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Dream Ventures, 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

FROM: Leslie Allen  
Name (printed or typed)

6106 Waters Way  
Address

Spring Hill, Fla. 34607  
City, State & Zip

(352) 596-4740  
Daytime Telephone number

Dmc  
1-6-97

FILED  
96 DEC 30 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

FILED

96 DEC 30 PM 4:35

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 Ventures, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*510 EAST LIBERTY ST.  
BROOKSVILLE, FLA. 34601*

### ARTICLE III SHARES

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

*1,000 SHARES OF TEN CENT (\$.10) PAR VALUE SHARES,  
WHICH SHALL BE DESIGNATED COMMON SHARES.*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Leslie Allen  
6106 Waters Way  
Spring Hill, Fla. 34607*

**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):

Leslie Allen  
6106 Waters Way  
Spring Hill, Fla.  
34607

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

26 day of December, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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**

**FILED**

96 DEC 30 P11 4:35

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA <sup>SEC.</sup> STATUTES, THE <sup>STATE</sup> <sup>FLORIDA</sup>  
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: DREAM VENTURES, INC.
2. The name and address of the registered agent and office is:

Leslie Allen  
(NAME)

6106 Waters Way  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Spring Hill, Florida 34607  
(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.*

Leslie Allen  
(SIGNATURE)

12/18/96  
(DATE)