P9800093074 E. K. WILLIAMS OF EAST CENTRAL FLORIDA

415 W. MAGNOLIA AVENUE * MERRITT ISLAND, FLORIDA 32952 * PHONE 452-5854

October 30,1998

Florida Department of State
Division of Corporations
P O Box6327
Tallahassee, F1 32314

500002677465--8 -11/02/98--01029--003 ****122.50 ******78.75

Re: Sharron's Dream Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with a check in the amount of \$122.50.

This represents the cost of the filing fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Georgia∕A. Atchisor

cc :

ARTICLES OF INCORPORATION

of

Sharron's Dream inc.		
(nar	me of corporation)	
The undersigned acting as the incorporators of a conhe following articles of incorporation for such corporation	-	s Corporation Act, adopt(s)
ARTICLE	I - CORPORATE NAME	O Luck
The name of the corporation is:		
Sharron's Dream Inc.		2 0x3
		<u>ن</u> ن
ARTIO	CLE II - DURATION	**************************************
This corporation shall exist perpetually unless disso	olved according to Florida law.	ي
imo corporation shall cittot perpetually annual disease	······································	_
ARTI	CLE III - PURPOSE_	
The corporation is organized for the purpose of engunited States and the State of Florida.	gaging in any activities or business p	permitted under the laws of the
The corporation is authorized to issue 1000	INITIAL PRINCIPAL OFFICE	
The street address of the initial principal office and	, if different, the maining address is.	
STREET ADDRESS		
101 Palm bay Rd NE		
CITY Palm Bay	FLORIDA	ZIP 32905
Mailing address, if different	- := -	
STREET ADDRESS	=	
		•
CITY	FLORIDA	ZIP
ARTICI E VI - INITIAI	REGISTERED OFFICE AND A	GENT
The street address of the initial registered office		
Sharron H iloctor		·
ADDRESS 1101 Palm Bay RD NE -	- I find the second of the sec	
CITY Palm Bay	FLORIDA	ZIP 32905

•	ARTICLE VII - INIT	IAL BOARD OF DIRECTORS	
This corp	oration shall have two (2 directors initially. The n	number of directors may b
ather increased addresses of the	e initial director(s) of the corporation are as	follows:	ne (1). The hames and
NAME	Sharron L. Proctor	-	
ADDRESS	1227 waterway St SW		
CITY	Palm Bay	STATE F1	ZIP 32908
NAME	Ronald J Wilson Jr.	,	
ADDRESS	1227 Waterway st SW	The Secretary of the Se	
CITY	Palm Bay	STATE F1	ZIP 32908
NAME	1, (2, 3, 111) 2 (2, 1)		
ADDRESS			
CFTY	The second section and the second section and the second section as a second sec	STATE	ZIP
	APTICI E VI	II - INCORPORATORS	
The names and	addresses of the incorporators signing thes		ows:
NAME	Sharron L Proctor		<u> </u>
ADDRESS	1277 Waterway St SW	OWATE -	- 7ID
CITY	Palm Bay	— STATE _{F1}	ZIP 32908
NAME	Ronald J. Wilson Jr.		
ADDRESS	1227 Waterway St SW		
CITY	Palm Bay	STATE F1	ZIP 32908
NAME			-
ADDRESS			
CITY	-	STATE	ZIP
The undersig	med incorporator(s) have executed these	Articles of Incorporation this	29th
day of	•	.19 98	-
		1// (2	· ·
		MINIT	(Signature)
			(~-3
		ford failed	(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Sharron's Dream Inc.			
(name of corporation)			
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:			
The above corporation, organized under the laws of the State of Florida with its registered office			
as indicated in the Articles of Incorporation			
at 1201 Palm Bay Rd NE			
Palm Bay, F1 32905			
has named Sharron L Proctor			
located at the aforesaid address, as its registered agent to accept service of process within this			
state.			
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 regis-			
tered 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.			

FORM 215: CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTRED OFFICE

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