

# P99000047582

**1 From**  
 Date 4/27/99 Sender's FedEx Account Number 2304-7797-3  
 Sender's Name Andrea Phone (954) 724-8310  
 Company JENNIE ROSA-ROSA 300002857393--6  
04/29/99--01118--007  
 Address 7310 W MCNAB RD STE 209 \*\*\*\*\*70.00 \*\*\*\*\*70.00  
 City TAMARAC State FL ZIP 33321 Office Use Only  
**2 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Dream Properties, Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

FILED  
 99 MAY 26 AM 8:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32304

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

18938  
 5-26  
 WS



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 11, 1999

JENNIE ROSA-ROSA  
7310 W. MCNAB RD., SUITE 209  
TAMARAC, FL 33321

SUBJECT: DREAM PROPERTIES, INC.  
Ref. Number: W99000010930

We have received your document for DREAM PROPERTIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Sampson  
Document Specialist

Letter Number: 599A00025531

*Thank You -  
Julie Rappa  
(954) 724-8310*

ARTICLES OF INCORPORATION  
OF

DREAM PROPERTIES INTERNATIONAL, INC

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 PROPERTIES INTERNATIONAL, INC.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

7301 NW 68th STREET  
TAMARAC, FLORIDA 33321

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

TIMOTHY METACARPA  
7301 NW 68th STREET  
TAMARAC, FL 33321

ARTICLE V - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME TIMOTHY METACARPA  
ADDRESS 7301 NW 68th STREET  
CITY TAMARAC STATE FLORIDA ZIP 33321

NAME PATRICIA METACARPA  
ADDRESS 7301 NW 68th STREET  
CITY TAMARAC STATE FLORIDA ZIP 33321

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of MARCH, 1999.

Timothy T. Metcarpa (Seal)  
Patricia Metcarpa (Seal)  
\_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

TIMOTHY METACARPA & PATRICIA METACARPA

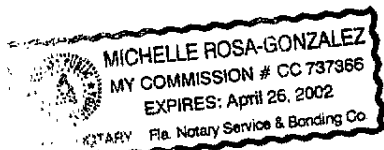
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1st day of MARCH, 1999

Michelle Rosa-Gonzalez  
(Notary Public, State of Florida at Large)

(Notary Seal)

My Commission expires: April 26, 2002



**B. Officers:**

President: TIMOTHY METACARPA  
Address: 7301 NW 68th STREET  
TAMARAC, Florida 33321

Vice President: PATRICIA METACARPA  
Address: 7301 NW 68th STREET  
TAMARAC, Florida 33321

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_, Florida

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_, Florida

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent: \_\_\_\_\_

Name: TIMOTHY METACARPA

Office Address: 7301 NW 68th STREET

TAMARAC, FLORIDA 33321 -  
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Timothy T Metcarpa

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Timothy T Metcarpa  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. TIMOTHY METACARPA, PRESIDENT  
(Name and capacity of person signing application)

CERTIFICATE OF DESIGNATION  
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:  
DREAM PROPERTIES INTERNATIONAL, INC.
2. The name and address of the registered agent and office is:

TIMOTHY METACARPA

(NAME)

7301 NW 68th STREET

(P.O. BOX NOT ACCEPTABLE)

TAMARAC, FLORIDA 33321

(CITY/STATE.ZIP)

SIGNATURE

TITLE

DATE

Timothy T Metcarpa  
(Corporate Officer)  
PRESIDENT

MARCH 1, 1999

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

Timothy T Metcarpa  
MARCH 1, 1999

REGISTERED AGENT FILING FEE: \$35.00

FILED  
99 MAY 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA