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

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SUBJECT:	YOUR SWEET DREAMS, INC		•	
•	(Proposed	corporate name - must includ	ie suffix)	To assert the standard the stan
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Enclosed is an o	riginal and one(1) copy of the article	es of incorporation and a	charle for .	
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\$70.0 Filing F	ee Filing Fee	□\$122.50 Filing Fee	S131.25 Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
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	P O BOX 1177	•		
	٩	Address		
	HOLMES BEACH FLORIDA	34218		F 1999 NOV SECRETA
,	City, S	State & Zip		TARY ASSEE
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

YOUR SWEET DREAMS, INC

ARTICLE II PRINCIPAL OFFICE

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

714 JACARANDA P O BOX 565 ANNA MARIA, FL 34216

ARTICLE III SHARES

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 STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHAEL WATTS 714 JACARANDA ANNA MARIA, FL, 34216

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BEN A COOPER P O BOX 1177 HOLMES BEACH, FL 34218

Signature/Incorporator/

11-2-99

Date

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. Thereby 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/Registered Agent

11-2-99

Date