# P99000101732

## TRANSMITTAL LETTER

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

> 300003046603--8 -11/17/99--01009--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Dream Vacations, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$78.75 for Filing Fee & Certified Copy

ADDITIONAL COPY REQUIRED

FROM:

Sabrina Noriega

906 Lakewood Avenue Tampa, Florida 33613

(813) 968-2513

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INSTRUCTIONS FOR A PROFIT CORPORATION

The following are instructions, a transmittal letter and sample articles of incorporation pursuant to

1999 NOV 17 AM 7: 46

## ARTICLES OF INCORPORATION

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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: **Dream Vacations, Inc.** 

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 906 Lakewood Avenue, Tampa, Florida 33613.

#### **ARTICLE III SHARES**

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

Ten Thousand (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Sabrina Noriega, 906 Lakewood Avenue, Tampa, Florida 33613.

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Sabrina Noriega, 906 Lakewood Avenue, Tampa, Florida 33613.

Sabrina Noviega 11/15/99
Signature/Incorporator Date

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.

Sabrina Novega
Signature/Incorporator

11 | 15 | 99 Date