TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314 Waterdream Proposed corporate name - must include suffix) 300003068273--3 -12/13/99--01121--021 *****70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

-341-0146 Daytime Telephone number

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AUTHORIZATION BY PH	IONE TO		. 🛥 .		
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ARTICLES OF INCORPORATION

FILED 1999 DEC 13 AM 10: 48

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

SECRETARY OF STATE

	IALLAMAGOUL
ARTICLE I NAME	
The name of the corporation shall be:	
WATERDREAM INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of thi	s corporation shall be:
8002 winpine ct.	•
Orlando, FL. 32819	
ARTICLE III SHARES	and the second of the second o
The number of shares of stock that this corporation is auti	norized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGEN The name and Florida street address of the initial registered	TT AND STREET ADDRESS ed agent are:
Brett A. Schulman 8002 Winpine Ct. Crlando, FL 32819 ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Artic	les of Incorporation are:
Brett A. Schulman	
Brott a She	12/9/99
Signature/Incorporator	t Date
(An additional article must be adde	d 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, 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

Signature/Registered Agent

Date