## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Division of Corporations	
	Fax Number	: (850)617-6381
From:		
	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, INC. : 120000000019 : (305)552-5973 : (305)675-5944
*Enter :	the email address ual report mail1	s for this business entity to be used for future ngs. Enter only one email address please.**

## FLORIDA PROFIT/NON PROFIT CORPORATION LG DREAMS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

662

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

	ARTICLE   NAME: The name of the corporation is:
· .	L6 Dreams Inc
٠	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
_	12472 SUL 2654
_	Miami FL 33175
~-	
RTIC	IF III CHADEC The manh and I
	LE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Lourdes Garcia (?)
ART	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
he na	me and Florida street address (PO Box not acceptable) of the registered agent is:
	Lourdes Garcia
	12472 Sw 26 St
	Mlami F1 33175
	13/10/11
ARTI	CLE VI INCORPORATOR: The name and address of the Incorporator is:
	Lourdes Garcia
	4001043 CIGICIU
	12472 SW 26 St

## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

-goard agree to act in th	a in this capacity			
Janes Jane	10	, s Sn S	÷	
Registered Agent	Date.	AON 15	. [	
I submit this document and affirm that the facts stated herein are	true I am	23		
the false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	of State of	onstitu N	ites a	
Laren Socie	<del></del>	20 .:		
Incorporator	Date .			