

12/7/21, 3:37 PM

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@yourdreamms.com

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
Goncalves Design and Programming Corp

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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T. BURCH
DEC 8 2021

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COVER LETTER

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

(((H21000446409 3)))

SUBJECT: Goncalves Design and Programming Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Marietti Silva
Name (Printed or typed)

8343 Lake Dr Apt 304
Address

Doral FL 33166
City, State & Zip

786-473-3388
Daytime Telephone number

goncalves.design23@gmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

((H21000446409 3)))

ARTICLE I NAME

The name of the corporation shall be: Goncalves Design and Programming Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8343 Lake Dr Suite 304
Doral Fl 33166

8343 Lake Dr Suite 304
Doral Fl 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marietti Silva - President

Name and Title: Living Araujo - Vicepresident

Address 8343 Lake Dr
Apto 304
Doral Fl 33166

Address: 8343 Lake Dr
Apto 304
Doral Fl 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Your Dream Multiservices Corp
 Address: 8300 Nw 53rd St Suite 350
Miami Florida 33166

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marietti Silva
 Address: 8343 Lake Dr Apto 304
Doral Fl 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Isamar Torres _____ 12/07/2021
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marietti Silva _____ 12/07/2021
 Required Signature/Incorporator Date

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