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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**La Guaira Magazine Corp**

Certificate of Status	0
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** La Guaira Magazine 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:** Oriana Bruzual  
Name (Printed or typed)  
13322 Sw 6th St  
Address  
Miami, FL 33184  
City, State & Zip  
954-469-0563  
Daytime Telephone number  
laguairamagazine@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
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**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: La Guaira Magazine Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13322 Sw 6th St
Miami, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oriana Bruzal Name and Title: Max Mandret

Address: 13322 Sw 6th St Address: 13322 Sw 6th St
Miami, FL 33184 Miami, FL 33184

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H22000028491 3)))

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, Fl 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Oriana Bruzal  
 Address: 13322 Sw 6th St  
Miami, FL 33184

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 TALLAHASSEE, FLORIDA

**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*

Oriana Bruzal \_\_\_\_\_ 01/21/2022  
 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.*

Isamar Torres \_\_\_\_\_ 01/21/2022  
 Required Signature/Incorporator Date

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