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Division of Corporations
Florida Department of State
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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

FLORIDA PROFIT/NON PROFIT CORPORATION
SHADDAI LUXURY CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COVER LETTER

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

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SUBJECT: SHADDAI LUXURY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: ROBERTO ALFONSO
Name (Printed or typed)

2800 WESTON RD SUITE 201
Address

WESTON, FL 33331
City, State & Zip

239-355-6750
Daytime Telephone number

SHADDAIRRH@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(((H22000101809 3)))

ARTICLES OF INCORPORATION

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

(((H22000101809 3)))

ARTICLE I NAMEThe name of the corporation shall be: SHADDAL LUXURY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2800 WESTON RD STE 201WESTON FL 33331**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO ALFONSO-PRESIDENT

Name and Title: _____

Address 2800 WESTON RD STE 201

Address: _____

WESTON FL 33331

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 553RD ST STE 350

MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO ALFONSO

Address: 2800 WESTON RD STE 201

WESTON FL 33331

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CLERK OF STATE

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

Isamar Torres 03/18/2022

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.

Roberto Alfonso 03/18/2022

Required Signature/Incorporator Date

(((H22000101809 3)))