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To:

Division of Corporations

Fax Number : (850) 617-6381

trom:

Account Name : CLARA CIRALDO ENROLLED AGENT Account Number : 119990000017

Account Number: 119990000017 Phone : (305)495-9300 Fax Number: : (205)485-1098

\*\*Enter the email address for this business entity to be used for future ennual report mailings. Enter only one cmail address please.\*\*

Email Address:\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION DREAM TEAM CONSULTING, INC.

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

OF

### DREAM TEAM CONSULTING, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DREAM TEAM CONSULTING, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Said corporation shall further have powers:

To have perpetual succession by it's corporate

#### DREAM TEAM CONSULTING, INC.

#### ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

IRAIMA FLORES 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

The principal office shall be:

# 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

#### **ARTICLE VI**

The initial Board of Directors shall consist of a total of TWO (02) persons, and the name and address of the person who is to serve as initial director:

IRAIMA FLORES 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

**PRESIDENT** 

MICHELE BATISTA 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

**VICEPRESIDENT** 

The name and address of the incorporator executing these Articles of Incorporation is

IRAIMA FLORES 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this December 04, 2020.

KAIMA FLORES

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

# DREAM TEAM CONSULTING, INC.

2. The Name and Address of the registered agent and office is:

## IRAIMA FLORES 900 BISCAYNE BLVD APT 5504 MIAMI, FL 33132

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** 

Date: DECEMBER 04, 2020