

19/4/2021

Division of Corporations

(((H21000155561 3)))

# P21000035026

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ISAMAR TORRES  
Account Number : I2020000137  
Phone : (786)660-0108  
Fax Number : (305)503-7123

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

Email Address: yourdreammultiservicescorp@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****Your Dream Multiservices 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:** Your Dream Multiservices 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: Isamar Torres  
Name (Printed or typed)

2810 Nw 181 Street  
Address

Miami Gardens, Florida 33056  
City, State & Zip

786-660-0108  
Daytime Telephone number

yourdreammultiservicescorp@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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2021 APR 19 AM 8:28

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**The name of the corporation shall be: Your Dream Multiservices Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address8300 Nw 53rd St suite 350Miami, Florida, 33166

Mailing address, if different is:

8300 Nw 53rd St Suite 350Miami, Florida, 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Multiservices**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Isamar Torres - PresidentName and Title: Stefanie Troconis - VicepresidentAddress: 2810 Nw 181 StreetAddress: 7324 Sw 87nd St Apt 107Miami, Florida, 33056Miami, Florida, 33143

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: Isamar Torres  
Address: 4167 Nw 135th St  
Opa Locka, Florida 33054

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/19/2021 (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 04/19/2021  
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.*

Isamar Torres 04/19/2021  
Required Signature/Incorporator Date

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