

6/15/2021

Division of Corporations

(((H21000236248 3)))

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 : ISAMAR TORRES
Account Number : 120200000137
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**Cloudfort Corp**

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

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COVER LETTER

(((H21000236248 3)))

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

SUBJECT: Cloudfort 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: Rodrigo Alexander Fierro Dalgo
Name (Printed or typed)

2800 Weston Rd Suite 201
Address

Weston, Florida, 33331
City, State & Zip

954-774-3727
Daytime Telephone number

rodrigo.f@cloudfort.uk
E-mail address: (to be used for future annual report notification)

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

(((H21000236248 3)))

FILED
2021 JUN 15 PM 3:04
CLERK OF COURT
JULIA A. BROWN

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

(((H21000236248 3)))

ARTICLE I NAMEThe name of the corporation shall be: Cloudfort Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address2800 Weston Rd Suite 201Weston, Florida 33331

Mailing address, if different is:

2800 Weston Rd Suite 201Weston, Florida 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: Rodrigo Alexander Fierro Dalgo- President Name and Title: _____Address: 2800 Weston Rd Suite 201

Address: _____

Weston, Florida 33331

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2021 JUN 15 PM 3:04
CLERK

(((H21000236248 3)))

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

ARTICLE VI REGISTERED AGENTThe 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

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____
Address: _____

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

Your Dream Multiservices Corp
Required Signature/Registered Agent

06/02/2021
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.

[Signature]
Required Signature/Incorporator

06/02/2021
Date

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RECEIVED
JUN 15 2021
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FILE