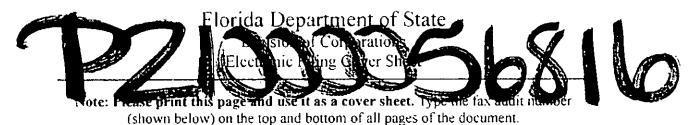
6/15/2021

Division of Corporations

(((H210002362483)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ISAMAR TORRES 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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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Page: 3 of 5

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i are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$ \$70.00 Tiling Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
٠.			
ROM:	Rodrigo Ale	vander Fierro Dalco	
	Name	vander Fierro Dalgo (Printed or typed)	
	2800 Weston	Rd Suite 201	
•	, A	Address	
	Weston, Flor	rida, 33331 State & Zip	
	954-774-37 Daytime Te	27 dephone number	
	~ 4,5000		
	rodrigof@clo E-mail address: (to be used	udfort.uk for future annual report ne	otification)
	NOTE: Please provide the or	iginal and one copy of	the articles.

(((11210002362483)))

Page, 4 of 5

(((H21000236248 3)))

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

<u>CLE II — PR</u>	INCIPAL OFFICE		
	Principal street address	Mailing adds	s, if different is:
LWeston Rd Si	site 201	1000 N/ 2 D 17/1	201
ton, Elorida, 33	331		1
			<u>'</u>
CI,E I[I` PU	<u>RPOSE</u>		
urpose for whi-	ch the corporation is organized is:		
			
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CLE V INII	TAL OFFICERS AND/OR DIRECTO	<u>PRS</u>	
CLE V INII	TAL OFFICERS AND/OR DIRECTO	<u>PRS</u>	
CLE V INIT	<i>TAL OFFICERS AND/OR DIRECTO</i> itle:Rodrigo Alexander Fierro Dalgo- P	President Name and Title:	
CLE V INIT	TAL OFFICERS AND/OR DIRECTO itle Rodrigo Alexander Fierro Dalgo- P 2800 Weston Rd Suite 201	resident Name and Title:Address:	
CLE V INIT	TAL OFFICERS AND/OR DIRECTO itle Rodrigo Alexander Fierro Dalgo- P 2800 Weston Rd Suite 201	President Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·
CLE V INIT	<i>TAL OFFICERS AND/OR DIRECTO</i> itle:Rodrigo Alexander Fierro Dalgo- P	President Name and Title:Address:	
CLE V INIT	TAL OFFICERS AND/OR DIRECTO itle Rodrigo Alexander Fierro Dalgo- P 2800 Weston Rd Suite 201	President Name and Title:Address:	•
Name and T Address	TAL OFFICERS AND/OR DIRECTO itle Rodrigo Alexander Fierro Dalgo- P 2800 Weston Rd Suite 201 Weston, Florida, 33331	President Name and Title: Address:	:
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Name a	and Title:	Name and Title:		
Addre				
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ARTICLE VI	REGISTERED AGENT			
The name and I	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			
	Aliami, Florida 33166			
	1110			
ARTICLE VII	INCORPORATOR			
The name and a	ddress of the Incorporator is:			
Name:				
Address:				
		•		
		-		
ARTICLE VIII Effective date, if	EFFECTIVE DATE:			
(If an effective d filing.)	other than the date of filing: late is listed, the date must be specific and cann	of be more than five da	NAL) lys prior or 90 days :	after the
Note: If the date the document's e	inserted in this block does not meet the applicable flective date on the Department of State's records.	statutory filing require	ments, this date will n	ot be listed as
Having been nam vertificate, I am fi	ned as registered agent to accept service of process f amiliar with and accept the appointment as register	or the above stated corpored agent and agree to ac	pration at the place de It in this capacity	signated in this
- Go	A Dream Multiservices Con Required Signature Registered Agent	<u> </u>	06/02/2021	
enhanie etito di .			Da	
suomi ints anci focument to the E	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that n as provided for in ≤ 81 .	he false information . 7.155, F.S.	submittièl in a
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