

To: 18506176381

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2021-05-28 20:35:48 UTC

863641047

From your dream

5/24/2021

Division of Corporations

((H2100206683 3))

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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((H2100206683 3))



H2100206683ABC

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To:

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

FLORIDA PROFIT/NON PROFIT CORPORATION TN CORPORATION

Certificate of Status	0
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Corporate Filing Menu

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FILED
2021 MAY 28 AM 8:07
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

2021 MAY 28 PM 4:52

850-617-6381

6/18/2021 1:19:01 PM PAGE 1/001 Fax Server

((H21000206683 3)))



June 18, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: TN CORPORATION
REF: W21000089321

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears from the records of this office, this filing has been returned for corrections several times. Please contact our office for further filing instructions before resubmitting your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: H21000206683
Letter Number: 321A00013799

((H21000206683 3)))

850-617-6381

6/16/2021 4:18:11 PM PAGE 1/001 Fax Server

((H121000206683 3)))



June 16, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: TN CORPORATION
REF: W21000088088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000003116.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000206683
Letter Number: 121A00013528

((H121000206683 3)))

850-617-6381

6/9/2021 9:40:13 AM PAGE 1/001 Fax Server

(((H21000206683 3)))



June 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: TN CORPORATION
REF: W21000083598

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000103248.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko
Regulatory Specialist II
New Filings

FAX Aud. #: H21000206683
Letter Number: 321A00012614

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6/8/2021 10:09:26 AM PAGE 1/001 Fax Server

(((H21000206683 3)))



June 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISMAR TORRES

SUBJECT: TN CORPORATION
REF: W21000082856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000103248.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko
Regulatory Specialist II
New FilingsFAX Aud. #: H21000206683
Letter Number: 121A00012452

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5/25/2021 11:04:52 AM PAGE 1/001 Fax Server

(((H21000206683 3)))



May 25, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: TN CORPORATION
REF: W21000075723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist IIIFAX Aud. #: H21000206683
Letter Number: 621A00011176

(((H21000206683 3)))

COVER LETTER

(((H21000206683 3)))

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

SUBJECT: GROUP TN CORPORATION(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:** DANIEL FIGUEROA

Name (Printed or typed)

1231 FAIRLAKE TRACE APT 609

Address

WESTON FLORIDA 33326

City, State & Zip

954-205-7573

Daytime Telephone number

DANIEL.FIGUEROA@TRAVELGROUP.COM EC

E-mail address: (to be used for future annual report notification)

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

(((H21000206683 3)))

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

(((H21000206683.3)))

ARTICLE I NAMEThe name of the corporation shall be: GROUP TN CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address1231 FAIRLAKE TRACE APT 609
WESTON FLORIDA 33326

Mailing address, if different is:

1231 FAIRLAKE TRACE APT 609
WESTON FLORIDA 33326**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: DANIEL FIGUEROA - PRESIDENTName and Title: MARIA CABREKA - VICE PRESIDENTAddress: 1231 FAIRLAKE TRACE APT 609Address: 1231 FAIRLAKE TRACE APT 609WESTON FLORIDA 33326WESTON FLORIDA 33326

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(((H21000206683.3)))

(((H21000206683 3)))

Name and Title:

Address

Name and Title:

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 53RD ST SUITE 350

MIAMI FLORIDA 33166

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: . (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

05/24/2021

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.

Daniel Figueroa

Required Signature/Incorporator

05/24/2021

Date

(((H21000206683 3)))