

8/31/2021

Division of Corporations

(((H21000325008 3)))

P 2100007747

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 : YOUR DREAM SERVICES CORP.  
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

07:01 PM 10/1/2021

9/1/21

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 31 PM 4:30

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**FLORIDA PROFIT/NON PROFIT CORPORATION****Hernandez Parra Corp**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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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:** Hernandez Parra 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:** Leidy K. Hernandez V.  
 Name (Printed or typed)

95 Nw 18th Ave Apto A4  
 Address

Miami, Florida 33125  
 City, State & Zip

786-381-2216  
 Daytime Telephone number

leidykatherinehernandezv@gmail.com  
 E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
 TALLAHASSEE, FL

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

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**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: Hernandez Parra Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

95 Nw 18th Ave Apto A4Miami, Florida 33125**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Leidy K. Hernandez V. - PresidentName and Title: Cristian E. Parra V. - Vice PresidentAddress 95 Nw 18th Ave Apto A4Address: 95 Nw 18th Ave Apto A4Miami, Florida 33125Miami, Florida 33125

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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: 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: Leidy K. Hernandez V.  
Address: 95 Nw 18th Ave Apto A4  
Miami, Florida 33125

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TALLAHASSEE, FL

**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*

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
\_\_\_\_\_  
Date

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