

6/28/2021

P21000078790  
 Division of Corporations  
 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 : 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@yourdreams.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LUBRI5 MULTISERVICES CORP**

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

2021 SEP -3 PM 10:45

2021 SEP -3 PM 12:30

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August 2, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ISAMAR TORRES

SUBJECT: LUBRI5 MULTISERVICES CORP  
REF: W21000107784

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Karen Lovelace  
Regulatory Specialist II  
New Filing SectionFAX Aud. #: H21000252471  
Letter Number: 021A00018090

(((I121000252471 3)))

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

((H21000252471 3))

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

**SUBJECT:** LUBRIS 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:** ADEL MAR BAQUERO CAMARGO  
Name (Printed or typed)

1403 STREET GABRIELLE LANE APT 3206  
Address

WESTON FLORIDA 33326  
City, State & Zip

254-7366542  
Daytime Telephone number

JALDEB\_031067@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

((H21000252471 3))

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

(H21000252471.3))

**ARTICLE I NAME**The name of the corporation shall be: LUBRIS MULTISERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1403 STREET GABRIELLE LANE APT 3206WESTON FLORIDA 33326**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: ALDEMAR BAQUERO CAMARGO - PRESIDENT Name and Title: \_\_\_\_\_Address: 1403 STREET GABRIELLE LANE APT 3206 Address: \_\_\_\_\_WESTON FLORIDA 33326

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: YOUR DREAM MULTISERVICES CORP  
 Address: 5300 NW 53RD ST SUITE 350  
MIAMI FLORIDA 33166

2021 SEP -3 PM 12:55

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

Name: ALDEMAR BAQUERO CAMARGO  
 Address: 1403 STREET GABRIELLE LANE APT 3206  
WESTON FLORIDA, 33326

**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*

Isamar Torres  
 Required Signature/Registered Agent

08/03/2021  
 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.*

Aldemar Baquero Camargo  
 Required Signature/Incorporator

08/03/2021  
 Date

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