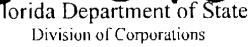
6/28/2021



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ISAMAR TORRES Account Number : I2020000137 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 LUBRIS MULTISERVICES CORP

Certificate of Status	0
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((H21000252471-3)))

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8/2/2021 11:47:29 AM PAGE 1/001 Fax Server

(((H21000252471 3)))



August 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: LUBRIS 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 Section FAX Aud. #: H21000252471 Letter Number: 021A00018090

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To: +18506176381' Page: 4 of 6 2021-09-03 14:35:51 GMT 17863641047

## **COVER LETTER**

(@H21000252471-376

From: you

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

SUBJECT: LUF	BRIS MULTISERVICES COR	Р			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
⊠ \$70.00 Filing Fce	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
	PYREQUIRED				
FROM:	ADELMAR BA Name	оцияю самакоо e (Printed or typed)			
	1403 STREET GABRIELLE LANE APT 3206 Address				
		FLORIDA 33326 State & Zip			
	954-7306 Daytime T	542 'elephone number			
		d for future annual report i	notification)		
	12-man address, (to be use	a tor rature unmaar report i	ionii cunony		

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

Page: 5 of 6

(f(H21000252471.3))))

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

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nurnose for which	the corporation is organized is:				
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		(((H21800252471-3)))			
Name and Title:		Name and Title:			
Address		Address:			
ABSTRACT CARE	necessis acess				
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	YOUR DREAM MUUTISERVICES CORP	_			
Address:	5300 NW 53RD ST SUITE 350	_	:	2	
	_ MIAMUELORIDA VII66	_	·	2121 SEP	- ,
				ا ش	•
ARTICLEVII	<u>INCORPORATOR</u>		<u>.</u>	(A)	-
The <u>name and ad</u>	dress of the Incorporator is:		,	<u> </u>	i
Name:	ALDEMAR BAQUERO CAMARGO	_	٠.	12: 5	
Address:	1403 STREET GABRIELLE LANE APT 3	3206	•	Č	
	WESTON FLORIDA, 33326	_			
4 B T 1 C 1 C 1 (2)	PERFORMED ATE				
Effective date, if	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)			
	ate is listed, the date must be specific and cann		r or 90 day	ys after t	he
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the document's ef	ffective date on the Department of State's records				
	ned as registered agent to accept service of process,			designat	ed in this
certificate, I am fe	umiliar with and accept the appointment as registe	red agent and agree to act in this	capacity		
	Asamar Torres Required Signature/Registered Agent		084)3/207	21	
	Required Signature/Registered Agent			Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felot			on subm	itted in a
Ald	emar Baquero Camargo		08/03	8/2021	
Required Signatur	re/Incorporatory	Date			