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Florida Department of State
Division of Corporations
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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

FLORIDA PROFIT/NON PROFIT CORPORATION

Kabuya Corp

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

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Corporate Filing Menu

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J DENNIS

COVER LETTER

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

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SUBJECT: Kabuya 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Gabriela Rincon
Name (Printed or typed)

11011 Sw 88 St Apt F211
Address

Miami, Florida 33176
City, State & Zip

786-343-0910
Daytime Telephone number

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

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 NAMEThe name of the corporation shall be: Kabuya Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8300 Nw 53rd St Suite 350
Miami, Florida 33166
ARTICLE III PURPOSEThe 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: Gabriela Rincon-President Name and Title: Stefanie Troconi- Vice-PresidentAddress 11011 Sw 88 St Address: 9356 Sw 77th AveApt E211 Apt J1Miami, Florida 33176 Miami, Florida 33156Name and Title: Isamar Torres - Vice-President Name and Title: Address 2810 Nw 181st St Address: Miami, Florida 33056 Name and Title: Name and Title: Address Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Your Dream Multiservices CorpAddress: 8300 Nw 53rd St Suite 350Miami, Florida 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Gabriela RinconAddress: 11011 Sw 88 St Apt E211Miami, Florida 33176**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**Isaiah Torres*

Required Signature/Registered Agent

09/15/2021

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.**Gabriela Rincon*

Required Signature/Incorporator

Date 09/15/2021

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