

9/29/21, 3:13 PM

Division of Corporations

(((H21000365080 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000365080 3)))



H210003650803ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2021 OCT -1 AM 9:20

RECEIVED

****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

Thor International Corp

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000365080 3)))

COVER LETTER

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

(((H21000365080 3)))

SUBJECT: Thor International 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: Sandra Milena Valencia
Name (Printed or typed)

2800 Weston Rd suite 201
Address

Weston, FL 33331
City, State & Zip

321-353-2217
Daytime Telephone number

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

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

(((H21000365080 3)))

ARTICLES OF INCORPORATION

(((H21000365080 3)))

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

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

Mailing address, if different is:

2800 Weston Rd suite 201Weston, FL 33331**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: Sandra Milena Valencia - President

Name and Title: _____

Address 2800 Weston Rd suite 201

Address: _____

Weston, FL 33331

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(((H21000365080 3)))

2021 OCT -1 AM 9:20
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

(((H21000365080 3)))

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: Sandra Milena ValenciaAddress: 2800 Weston Rd suite 201Weston FL 333312021 OCT -1 AM 9:20
SECTION 1101, STATE
TALAMASSEE, 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*Isamar Torres

Required Signature/Registered Agent

09/29/2021

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.*Sandra Milena Valencia

Required Signature/Incorporator

09/29/2021

Date

(((H21000365080 3)))