

10/27/21, 12:45 PM

Division of Corporations

(((H21000399639 3)))

P21 0000 93436

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

2021 OCT 29 AM 9:45
RECEIVED
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
THIYKE CORP

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

RECEIVED
2021 OCT 29 AM 11:39
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Thyke 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: Carolina Diaz
Name (Printed or typed)

2800 Weston Rd Suite 201
Address

Weston, Florida 33331
City, State & Zip

516-325-3354
Daytime Telephone number

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

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

2021 OCT 29 AM 9:45

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

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

Mailing address, if different is:

2800 Weston Rd Suite 201Weston, Florida 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: Carolina Diaz - PresidentName and Title: Javier Andres Rivera - Vice PresidentAddress: 4160 Cascade TerraceAddress: 4160 Cascade TerraceWeston, Florida 33332Weston, Florida 33332

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: 8300 Nw 53rd St Suite 350
Miami, Florida 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolina Diaz
 Address: 4160 Cascade Terrace
Weston, Florida 33332

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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 10/27/2021
 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.

Carolina Diaz 10/27/2021
 Required Signature/Incorporator Date

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