

P21 000093990

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000407077 3))



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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

NOV - 2 AM 8:12

FILED

****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

Trendtalk Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

Help

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COVER LETTER

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

SUBJECT: Trendtalk 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

2021 NOV - 2 AM 8:12

RECEIVED

FROM: Gabriela Quintana
Name (Printed or typed)

1730 Nw 15th Ave Suite 05
Address

Miami, FL 33125
City, State & Zip

786-906-6391
Daytime Telephone number

Gabrielaquintanarunner@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) (H21000407077 3)

ARTICLE I NAME

The name of the corporation shall be: Trendtalk Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1730 Nw 15th Ave Suite 05
Miami, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

6/8

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriela Quintana-Prsedint Name and Title: _____

Address 1730 Nw 15th Ave Suite 05 Address: _____

Miami, FL 33125 _____

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 CorpAddress: 8300 Nw 53rd St Suite 350Miami FL 33166

①

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ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:Name: Gabriela QuintanaAddress: 1730 Nw 15th Ave Suite 05Miami, FL 33125**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

11/02/2021

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 Quintana

Required Signature/Incorporator

11/02/2021

Date

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