

11/2/21, 12:40 PM

Division of Corporations

(((H210004064083)))

**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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Castillo Escuela de Emprendedores Corp**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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**COVER LETTER**

(((H21000406408 3)))

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

**SUBJECT:** Castillo Escuela de Emprendedores 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**

NOV -4 AM 10:38

**FROM:** Carlos Castillo  
Name (Printed or typed)

2800 Weston Rd Suite 201  
Address

Weston, FL 33331  
City, State & Zip

786-334-0484  
Daytime Telephone number

carloscastillo.empresa@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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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: 3300 Nw 53rd St Suite 350Miami Florida 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Carlos CastilloAddress: 2800 Weston Rd Suite 201Weston, FL 33331**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

11/01/2021

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.*Carlos Castillo

Required Signature/Incorporator

11/01/2021

Date

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