6/14/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ISAMAR TORRES 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 MATCHS CORP

RECEIVED WILL BURNE

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Corporate Filing Menu

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COVER LETTER

(((H21000233753 3)))

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

SUBJECT: MA	TCHS CORP		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
⊠ \$70.00 Filing Fce	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fec. Certified Copy & Certificate of Status
	ADDITIONAL COPY		DPY REQUIRED
FROM:		CARLOS AMAYA PIRA	
	1239 FAIR	LAKE TRCE, APT 1302	
		Address	
_	wrstc City	N. FLORIDA 3328 , State & Zip	
	GN-4 Daytime	06-1146 Telephone number	
	AMAYA JUANCA E-mail address: (to be use	ARLOSMAGMAIL COM ed for future annual report i	notification)

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

(((H21000233753 3)))

ARTICLES OF INCORPORATION

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

CLE I NAM			
name of the corpor	rationshall be: MATCHS CORP		
TCLE II PRIN	CIPAL OFFICE		
	Principal street address	Mailing address	Lifdifferentis:
A WEST ON RD SUIT	E 201	28/A WESTON RD SUITE:	
	331	WESTON FLORIDA 3333	
TICLE III _ PURI	POSE		
purpose for which	the corporation is organized is:		
, .	•		
			
			
	IAL OFFICERS AND/OR DIRECTORS tle: juan carlos amaya pira apresident	Name and Title:	
Address	1239 FAIRLAKE TRCE, APT 1302	Addenses	
Address	1239 FAIRLAKE IRCE API 1305	Augress:	
	WESTON PLORIDA 33326		
			• ,
Name and Titl	le:	Name and Title:	
	le:		
Address		Address:	
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			م. در فکرسر
	- 		
			ۻ
Name and Titl	le:	Name and Title:	<u>လ</u> (၁
Address		Address:	

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

Your Dream Multiservices Corp	11/14/2021
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.

O O A \bullet O :		
Juan Carlos Amaya Pira	11/14/2021	
Required Signature/Incorporator	Date	