Page: 2 of 5

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**Division of Corporations** 

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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.

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

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.**	۰. ۱							
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NOV 1 7 2021

Electronic Filing Menu Corporate Filing Menu

Estimated Charge

Help

\$70.00

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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: Red23 Col 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 Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONALCOPY REQUIRED

FROM: \_\_\_\_\_\_ Deisy Duarte \_\_\_\_\_\_ Name (Printed or typed)

> 16160 S Post Rd Apt 103 Address

Weston, Fl 33331 City, State & Zip

954-669-0867 Daytime Telephone number

red23col@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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2021-11-16 19:07:16 GMT

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## ARTICLES OF INCORPORATION

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

(((H21000423613 3))) ARTICLE I NAME The name of the corporationshall be: Red23 Col Corp ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 2800 Weston Rd Suite 201 2800 Weston Rd Suite 201 Weston, FL33331 Weston, FL33331 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Carlos Rojas - President\_\_\_\_\_\_ Name and Title: Deisy Durite- Vice President\_\_\_\_\_\_ 16160 S Post Rd Apt 103 \_\_\_\_\_ Address; Address 16160 S.Post Rd Apt 103 \_Weston, FI 33331 Weston, FI 33331 Name and Title: \_\_\_\_\_\_ Name and Title: \_\_\_\_\_\_ \_\_\_\_\_ Address: Address 12.54 j. . . . NON • Name and Title:\_\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_ ŧ. Address Address: 별:4 13 ŝ

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Name a	and Title:	Name and Title:	
Addres	\$\$	Address:	
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	·		
	<u>_REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
	Your Dream Multiservices Corp		
Address:	8300 Nw 53rd St Suite 350		
	Miami Florida 33166		
<u>IRTICLE VII</u>	INCORPORATOR		
he <u>name and :</u>	address of the Incorporator is:		

Name: <u>Deisy Duarte</u>

Address: 16160 S.Post Rd Apt 103

Weston, FL33331

## 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.)

<u>Note:</u> 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

Aaman Torres Required Signature/Registered Agent

11/16/2021 Date

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.

Required Signature/Incorporator

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