

19/12/21 11:01

Division of Corporations

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Florida Department of State
Division of Corporations
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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@yourdreams.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Galipan Bakehouse Corp

Certificate of Status	0
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COVER LETTER

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

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SUBJECT: Galipan Bakehouse 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:** Giovina Prazeres Correia Stifano

Name (Printed or typed)

900 Sw 8th Street Apro 1405

Address

Miami, Florida 33130

City, State & Zip

786-724-6354

Daytime Telephone number

galipanbakehouse@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 DEC 20 AM 1:29
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) (((H21000460948 3)))

ARTICLE I NAMEThe name of the corporation shall be: Galipan Bakehouse Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

900 Sw 8th Street Suite 1405Miami, Florida 33130**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: Giovina Prazeres Correia Stifano - Presid Name and Title: Luis Mauricio Payares Torrenegra- Vice PresidAddress: 900 Sw 8th Street Apto 1405 Address: 900 Sw 8th Street Apto 1405Miami, Florida 33130 Miami, Florida 33160

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(((1121000460948 3)))

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe 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 Florida 33166**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Giovina Prazeres Correia StifanoAddress: 900 Sw 8th Street Apto 1405Miami Florida 33130**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

12/10/2021

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.*Giovina Prazeres Correia Stifano

Required Signature/Incorporator

12/10/2021

Date

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SECRETARY OF STATE