

19/12/20 11:01

Division of Corporations

((H21000460948 3))

P21000104980

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@yourdreams.com

(A)
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FLORIDA PROFIT/NON PROFIT CORPORATION

Galipan Bakehouse Corp

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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

(((H21000460948 3)))

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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Giovina Prazeres Correia Stifano
Name (Printed or typed)

900 Sw 8th Street Apt 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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FORM 650
SEC OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Galipan Bakehouse Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 900 Sw 8th Street Suite 1405
Miami, Florida 33130
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

[Blank lines for purpose text]

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ARTICLE IV SHARES

The 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 Presid

Address: 900 Sw 8th Street Apto 1405
Miami, Florida 33130
Address: 900 Sw 8th Street Apto 1405
Miami, Florida 33160

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 Corp
 Address: 8300 Nw 53rd St Suite 350
Miami Florida 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Giovina Prazeres Correia Stifano
 Address: 900 Sw 8th Street Apto 1405
Miami 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

Asamar Torres _____ 12/10/2021 _____
 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.

Giovina Prazeres Correia Stifano _____ 12/10/2021 _____
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL