

1/3/22, 2:06 PM

PROCESSED

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@yourdreamms.com**FLORIDA PROFIT/NON PROFIT CORPORATION****Gluckk Corporation**

Certificate of Status	0
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Corporate Filing Menu

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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: Gluckk Corporation**(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: Maria Parra
Name (Printed or typed)

2800 Weston Rd suite 201
Address

Weston, FL 33331
City, State & Zip

786-660-0108
Daytime Telephone number

paulaparra227@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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Gluckk Corporation**ARTICLE II PRINCIPAL OFFICE**Principal street address2800 Weston Rd suite 201Weston, FL 33331

Mailing address, if different is:

2800 Weston Rd suite 201Weston, FL 33331**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: Maria Parra - President

Name and Title: _____

Address

2800 Weston Rd suite 201

Address: _____

Weston, FL 33331

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 CorpAddress: 8300 Nw 53rd St Suite 350Miami, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Maria ParraAddress: 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 Agent01/03/2022
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.**Maria Parra*
Required Signature/Incorporator01/03/2022
Date

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