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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

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FLORIDA PROFIT/NON PROFIT CORPORATION
HAWK MULTISERVICES CORP

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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: HAWK MULTISERVICES 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: Johanna Ruiz
Name (Printed or typed)

1260 Se 2nd St Suite 4
Address

Deerfield Beach, FL 33441
City, State & Zip

646-804-9023
Daytime Telephone number

andrearuiz045@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

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

ARTICLE I NAMEThe name of the corporation shall be: HAWK MULTISERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1260 Se 2nd St Suite 4Deerfield Beach, FL 33441**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Services, catering, food services, contractor, buffets and decoration.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Johanna Ruiz

Name and Title: _____

Address 1260 Se 2nd St

Address: _____

Apt 4Deerfield Beach, FL 33441

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
DEERFIELD BEACH, FL 33441

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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 FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Johanna RuizAddress: 1260 Se 2nd St Apt 4Deerfield Beach, FL 33441**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

Johanna Torres

Required Signature/Registered Agent

01/27/2021

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.

Johanna Ruiz

Required Signature/Incorporator

01/27/2021

Date

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