

1/10/22, 12:12 PM

Division of Corporations

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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@yourdreamms.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 31 AM 11:22

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**FLORIDA PROFIT/NON PROFIT CORPORATION
FORJAR CORP**

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FEB - 1 2022

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Corporate Filing Menu

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COVER LETTER

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

(((H22000012162 3)))

SUBJECT: FORJAR 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: Juan Pablo Forero Garcia
Name (Printed or typed)

16160 S post rd Suite 103
Address

Weston FL 33331
City, State & Zip

(754) 269-4602
Daytime Telephone number

juan.p.forero.garcia@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)

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ARTICLE I NAME

The name of the corporation shall be: FORJAR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16160 S post rd Suite 10316160 S post rd Suite 103

Weston FL 33331Weston FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercialisation and distribution of products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Pablo Foreiro Garcia

Name and Title:

Address 16160 S post rd

Address:

Apt 103

Weston FL 33331

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

((H22000012162 3)))

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: Juan Pablo Forero Garcia
Address: 16160 S post rd Apt 103
Weston FL 33331

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TALLAHASSEE, FLORIDA

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

Juan Pablo Forero Garcia 01/10/2022
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.

Juan Pablo Forero Garcia 01/10/2022
Required Signature/Incorporator Date

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