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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

FLORIDA PROFIT/NON PROFIT CORPORATION

Vdynamo Corp

Certificate of Status	0
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2022 FEB -2 AM 8:19

COVER LETTER

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

(((H22000042493 3)))

SUBJECT: Vdynamo Corp
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Miguel Gomez
Name (Printed or typed)

2800 Weston Rd Suite 201
Address

Weston, FL 33331
City, State & Zip

786-491-2979
Daytime Telephone number

magomezh0@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304-0001

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 NAME

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The name of the corporation shall be: Vdynamo Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2800 Weston Rd Suite 201
Weston, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Gomez - President

Name and Title: Diana Caicedo - Vice President

Address 10182 Stonchenge Cir apt 1015

Address: 10182 Stonchenge Cir Apt 1015

Boynton Beach FL 33437

Boynton Beach FL 33437

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF STATE
TALLAHASSEE, FL (OND)

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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: Miguel GomezAddress: 10182 Stonchenge Cir apt 1015Boynton Beach FL 33437**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

02/01/2022

*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.*Miguel Gomez
Required Signature/IncorporatorDate 02/01/2022

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2022 FEB 12 AM 9:08
CLERK OF
DEPT OF
STATE
DATE