

3/2/22, 4:58 PM

Division of Corporations ((H220000807823)))

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

P
3/4/22

****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

JR Project Media Corp

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

2022 MAR -3 AM 10:37

2022 MAR -3 PM 4:37

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(((H220000807823)))

COVER LETTER

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

(((H22000080782 3)))

SUBJECT: JR Project Media 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: Juan Romero
Name (Printed or typed)

19355 Ne 10th Ave Apt 407
Address

Miami, FL 33179
City, State & Zip

786-362-1668
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

(((H22000080782 3)))

2022 MAR -3 PM 1:37
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

(((H22000080782 3)))

ARTICLE I NAMEThe name of the corporation shall be: JR Project Media Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address500 N Dixie Hwy Unit 10Hollywood, FL 33020

Mailing address, if different is:

500 N Dixie Hwy Unit 10Hollywood, FL 33020**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: Juan Romero - PresidentName and Title: Katherin Rivero - VicepresidentAddress 19355 Ne 10th Ave Apt 407Address: 19355 Ne 10th Ave Apt 407Miami, FL 33179Miami, FL 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 MAR -3 PM 4:37
FILED

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, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Romero
 Address: 19355 Ne 10th Ave Apt 407
Miami, FL 33179

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

 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.

 Required Signature/Incorporator

 Date