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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 : 12020000137
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
OTROS D2 CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF COMMERCIAL SERVICES

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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: OTROS D2 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

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

FROM: LUZ BUSTAMENTE
Name (Printed or typed)

11850 SW 9TH CT
Address

DAVIE, FLORIDA 33325
City, State & Zip

786-916-4651
Daytime Telephone number

OTROS.D2@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: OTROS D2 CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
11850 SW 9TH CT
DAVIE, FLORIDA 33325

Mailing address, if different is:
11850 SW 9TH CT
DAVIE, FLORIDA 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GRAPHIC DESIGN, PRINTING, GENERAL
MARKETING AND SOCIAL MEDIA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL RUIZ - PRESIDENT
Address: 11850 SW 9TH CT
DAVIE, FLORIDA 33325

Name and Title: LUZ BUSTAMANTE- VICEPRESIDENT
Address: 11850 SW 9TH CT
DAVIE, FLORIDA 33325

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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 CORP
 Address: 8300 NW 53RD ST STE 350
MIAMI FLORIDA 33166

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 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUZ BUSTAMENTE
 Address: 11850 SW 9TH CT
DAVIE, FLORIDA 33325

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

Asaman Torres _____ 04/28/2022
 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.

Luz Bustamante _____ 04/28/2022
 Required Signature/Incorporator Date

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