

5/10/22, 1:22 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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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CORPORATIONS
 COMMERCIAL
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FLORIDA PROFIT/NON PROFIT CORPORATION

Bucardo Stone Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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D. O'KEEFE

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MAY 11 2022

COVER LETTER

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

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SUBJECT: Bucardo Stone 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:** Allan Bucardo
Name (Printed or typed)1150 W 79th St
AddressHialeah, Florida 33014
City, State & Zip786-7771-6382
Daytime Telephone numberallanbucardo1@gmail.com
E-mail address: (to be used for future annual report notification)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 NAMEThe name of the corporation shall be: Bucardo Stone Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1150 W 79th StHialeah, Florida 33014**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: General Contractor, all in construction and remodeling.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Allan Bucardo- President Name and Title: _____Address 1150 W 79th St Address: _____Hialeah, Florida 33014 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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 Corp
 Address: 8300 Nw 53rd St Ste 350
Miami, Florida 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Allan Bucardo
 Address: 1150 W 79th St
Hialeah, Florida 33014

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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 05/10/2022
 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.

Allan Bucardo 05/10/2022
 Required Signature/Incorporator Date

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