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Florida Department of State
Division of Corporations
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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
DORADO DIGITAL ASSETS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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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: DORADO DIGITAL ASSETS 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: LUIS PENA
Name (Printed or typed)

1141 CREEKS RIDGE RD
Address

JACKSONVILLE FLORIDA 32225
City, State & Zip

407-973-0156
Daytime Telephone number

DORADOHITECH@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2022 JUN 16 PM 1:12

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DORADO DIGITAL ASSETS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1141 CREEKS RIDGE RDJACKSONVILLE FL 32225**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 1141**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS PENA - PRESIDENTName and Title: JORGE RAMOS- VICEPRESIDENTAddress 1141 CREEKS RIDGE RDAddress: 1141 CREEKS RIDGE RDJACKSONVILLE FL 32225JACKSONVILLE FL 32225Name and Title: JUAN SOLARTE- TREASURY

Name and Title: _____

Address 1141 CREEKS RIDGE RD

Address: _____

JACKSONVILLE FL 32225

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: JUAN SOLARTEAddress: 1141 CREEKS RIDGE RDJACKSONVILLE FL 32225**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS PENAAddress: 1141 CREEKS RIDGE RDJACKSONVILLE FL 32225**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 Solarte
Required Signature/Registered Agent

04/31/2022

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.

Luis Pena
Required Signature/Incorporator

04/31/2022
Date

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