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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
ALEGOUMET1.11

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

FILED
2022 JUL 13 PM 1:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
2022 JUL 13 PM 2:28
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

((H22000238344 3)))

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

SUBJECT: ALEGOMET.11CORP
(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: ALEJANDRA G APONTE GONZALEZ
Name (Printed or typed)

2740 W 62ND ST APTD 207
Address

MAIMI, FL 33016
City, State & Zip

7864074316
Daytime Telephone number

ALEGOURMET09@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)

ARTICLE I NAME
The name of the corporation shall be: ALEGOUMET 1,11 CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2740 W 62ND ST APTO 207
HIALEAH FL 33016

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY ALL LEGAL. IN THE USA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alendra G Aponte Gonzalez Name and Title:
Address: PRESIDENT Address:
2740 W 62ND ST APTO 207
HIELEAH FL 33016

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 NE 53 RD ST SUITE 350
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALEJANDRA G APONTE GONZALEZ
Address: 2740 W 62ND ST APTO 207
HIALEAH FL 33016

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/13/2022. (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 07/13/2022
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.

Alejandra G Aponte Gonzalez 07/13/2022
Required Signature/Incorporator Date

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