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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
FRANYERYOR CORP

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

Electronic Filing Menu

Corporate Filing Menu

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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: FRANYERYOR CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: FRANYER YORNEY JAIME
Name (Printed or typed)

4800 S PINE ISLAND LOT 7
Address

DAVIE 333328 FL
City, State & Zip

9549452201
Daytime Telephone number

FRANYERYOR151981@GMAIL.COM
E-mail address: (to be used for future annual report notification)

9592 AUG 24 PM 1:55

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

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ARTICLES OF INCORPORATION (((H22000286209 3)))
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: FRANYERYOR CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4800 S PINE ISLAND LOT 7
DAVIE, 33328 FL.

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: FRANYER YORNEY JAIME - PRESIDENT Name and Title: LESDY CALZADILLA VIVAS- VICE PRESIDENT
Address 4800 S PINE ISLAND LOT 7 Address: 4800 S PINE ISLAND LOT 7
DAVIE, 33328 FL. DAVIE 33328 FL.

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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 FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANYER YORNEY JAIME
Address: 4800 S PINE ISLAND LOT 7
DAVIE 333328 FL

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 08/24/2022
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.

Franyer Jaime 08/24/2022
Required Signature/Incorporator Date

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