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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 : 120200000137
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@yourdreams.com

FLORIDA PROFIT/NON PROFIT CORPORATION
RESTORATION GIANNINI CORP

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

COVER LETTER

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

SUBJECT: RESTORATION GLANNINI 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: LEZKA DANIELA GIANNINI DE CELAVAROLI
Name (Printed or typed)

4640 TIBUTE TRAIL.
Address

KISSIMMEE FL 34746
City, State & Zip

4077249480
Daytime Telephone number

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

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

2011

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:

RESTORATION GIANNINI CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

4640 TRIBUTE TRAIL

KISSIMMEE FL 34746

Mailing address, if different is:

4640 TRIBUTE TRAIL

KISSIMMEE FL 34746

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: LEE SANU GIANNINI DE CIBAVAROLI - P

Name and Title:

Address

4640 TRIBUTE TRAIL

KISSIMMEE FL 34746

Address:

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YOUR DREAM MULTISERVICES CORP
Address: 8306 NW 53RD ST SUITE 350
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LIEZKA DANIELA GIANNINI DE CHIAVAROLI
Address: 4640 TRIBUNE TRAIL
KISSIMMEE FL 34746

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 02/21/2023
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.

Liezka Giannini 02/21/2023
Required Signature/Incorporator Date

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