

P23000028761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H23000136457 3))

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((H23000136457 3))



H230001364573ABC*

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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

m.a.

RECEIVED
2023 APR 12 AM 11:56
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
DARR SOLUTIONS CORP

FILED
2023 APR 12 PM 2:01

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

COVER LETTER ((H23000136457 3)))

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

SUBJECT: DARR SOLUTIONS 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: DANIEL EUDORO REYES RIVERA
Name (Printed or typed)
4300 SW 31 ST DRIVE
Address
WEST PARK FLORIDA 33023
City, State & Zip
95490188765
Daytime Telephone number
darrsolutions24@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION (((H23000136457 3)))
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: DARR SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
4300 SW 31 ST DRIVE
WEST PARK FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LA WFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel E Reyes Rivera - P Name and Title: _____
Address 4300 SW 31 ST DRIVE Address: _____
WEST PARK FL 33023

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

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

2023 APR 12 PM 2:02
I AL A T T S S I I (T I P P I I)

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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 SUITE 350
MIAMI FL 33166

ARTICLE VII INCORPORATOR

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

Name: Daniel E Reyes Rivera - P
Address: 300 SW 31 ST DRIVE
WEST PARK FL 33023

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
Required Signature/Registered Agent

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.

Daniel Reyes Rivera
Required Signature/Incorporator

2023 APR 11 PM 2:02
04/12/2023
Date
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FAS
FLO
04/12/2023
Date

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