

5/11/23, 2:54 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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@yourdreamms.com

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 21 PM 3:38

FILED

RECEIVED

2023 MAY 19 PM 12:09

CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JCB Services Corporation**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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850-617-6381

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May 12, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

YOUR DREAM SERVICES CORP.

SUBJECT: JCB SERVICES CORPORATION  
REF: W230000692452023 MAY 21 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower  
Regulatory Specialist II  
CoTFAX Aud. #: H23000176430  
Letter Number: 423A00010886

**COVER LETTER**

(H23000176430 3)

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

SUBJECT: JCB Services Corporation  
(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: Jose Castillo Bedoya  
Name (Printed or typed)

4009N University Drive Apt G-104  
Address

Sunrise Florida 33351  
City, State & Zip

(954) 257-8968  
Daytime Telephone number

jcb013636@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 21 PM 3:38

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

(H23000176430 3)

ARTICLES OF INCORPORATION (H23000176430 3)  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: JCB Services Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
4009 N University Drive	4009 N University Drive
Apto G-104	Apto G-104
Sunrise Florida 33351	Sunrise Florida 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Castillo, Bedoya-President	Name and Title:
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Address 4009 N University Drive	Address:
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Apto G-104	
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Sunrise Florida 33351	
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Name and Title:	Name and Title:
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Address	Address:
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Name and Title:	Name and Title:
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Address	Address:
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SECRETARY OF STATE  
TALLAHASSEE, FL

(H23000176430.3)

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 Florida 33166

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Jose Castillo Bedoya  
Address: 4009 N University Drive Apto G-104  
Sunrise Florida 33351

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**SECRETARY OF STATE**  
**TALLAHASSEE, 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*

\_\_\_\_\_  
Required Signature-Registered Agent Date 05/11/2023

*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.*

\_\_\_\_\_  
Required Signature-Incorporator Date 05/11/2023

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