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((H230002554363))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: client@alexpina.co

**FLORIDA PROFIT/NON PROFIT CORPORATION
DREAM GROUP FLORIDA CORP**

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: DREAM GROUP FLORIDA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
6040 Medici Ct Apt 106

Mailing address, if different is:

Sarasota, FL 34243**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Lawful Purpose.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Pablo E Ruiz Machado - President

Name and Title: _____

Address 6040 Medici Ct Apt 106

Address: _____

Sarasota, FL 34243

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT
JUDGE J. J. HASSER, FLORIDA

Name and Title:

Name and Title:

Address

Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

ALEX PINA CO.

Address:

8400 NW 36TH ST STE 450**DORAL, FL 33166****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name

Pablo E Ruiz Machado

Address:

6040 Medici Ct Apt 106**Sarasota, FL 34243****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**07/21/2023**_____
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.*_____
Required Signature/Incorporator**07/21/2023**_____
Date