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Florida Department of State

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

((H23000407434 3)))

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

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)517-6381

From: Account Name : YOUR DREAM SERVICES CORP.  
Account Number : 1287080800127  
Phone : (786)560-0108  
Fax Number : (786)164-1047

\*\*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](mailto:INFO@YOURDREAMMS.COM)

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Group Body Siluet Corp**

Certificate of Status	0
Certified Copy	0
Page Count	00
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000407434 3)))

**COVER LETTER**

Department of State                   (((H23000407434 3)))  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Group Body Siluet 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Claudia Carolina Duran  
Name (Printed or typed)

2810 Nw 181st St  
Address

Miami Gardens, Florida 33056  
City, State & Zip

786-819-8174  
Daytime Telephone number

estetiksiluet4@gmail.com  
E-mail address: (to be used for future annual report notification)

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

RECEIVED  
TALLAHASSEE, FL

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FILED

ARTICLES OF INCORPORATION

(((H230000407434 3)))

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Group Body Siluet Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2810 Nw 181st St	2810 Nw 181st St
Miami Gardens, Florida 33056	Miami Gardens, Florida 33056

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:	Claudia Carolina Duran - P	Name and Title:	
Address	2810 Nw 181st St	Address:	
	Miami Gardens, Florida 33056		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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SECRETARY OF STATE

TALLAHASSEE, FL

((H23000407434 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: 9554 NW 41ST ST  
DORAL, FLORIDA 33178

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudia Carolina Duran  
Address: 2810 Nw 181st St  
Miami Gardens, Florida 33056

**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 11/29/2023  
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.*

Claudia Carolina Duran 11/29/2023  
Required Signature/Incorporator Date