Page; 2 of 5

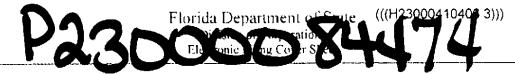
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From: Your dream

12/1/23, 9:07 AM

Division of Corporations



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Ta:

Division of Componations

Fav Number : (850)617-6381

Account Name : YOUR DREAM SERVICES CORP.

Account Number : 120200000137 Phone : (786)560-0108 Fay 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

FLORIDA PROFIT/NON PROFIT CORPORATION

Tomasio Corp

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Certificate of Status	()
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COVER LETTER

(((H23000410406 3)))

Department of State **New Filing Section** Division of Corporations P. O. Box 6327

Tallahassee, FL 32314	!		
SUBJECT: <u>Tom</u>	asio Corp (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ÜĎE SUFFIX)
Enclosed are an origin	al and one (1) copy of the arti	cles of incorporation and	l a check for:
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status PY REQUIRED
	ves Dairy Road Suite 409	(Printed or typed) Address	
Mian	ni, Florida 33179 City.	State & Zip	
305-7	797-4167 Daytime T	elephone number	
_gitog	u18@gmail.com E-mail address: (to be used	I for future annual report i	notification)
N	OTE: Please provide the o	riginal and one copy of	f the articles.

(((H23000410406 3)))

To: sunbiz

From: Your dream

ARTICLES OF INCORPORATION

(((H23000410406 3)))

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

	Eration shall be: Tomasio Corp		
CLE II PRIM	Principal street address	Mailing address, if different is:	
es Dairy Road Suite 4	•	655 Ives Dairy Road Suile 409	
i, Florida 33179		Miami, Florida 33179	
ICLE III PUR	POSE at the corporation is organized is: Any and A	II Lawful Business	
purpose for writer	The Corporation is organized is:		
			AVE IN THE STANDARD OF A S.
		+	
CICLE III SUA			
<u> TICLETY SHA</u>	<u>RES</u> 100		
number of shares	RES of stock is: 100		
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number of shares FICLE V INT Name and T Address	TAL OFFICERS AND/OR DIRECTORS ide: Gianfranco Tomasio Guarderas-P 655 Ives Dairy Road Suite 409 Miami, Florida 33179	Name and Title:Address:	
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Name and Ti Address Name and Ti Address	TAL OFFICERS AND/OR DIRECTORS inte: Gianfranco Tomasio Guarderas-P 655 Ives Dairy Road Suite 409 Miami, Florida 33179	Name and Title: Address: Name and Title: Address: Name and Title:	2028 DEC +7

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Name and	Title:	9410406 3))) Name and Title:	
Address		Address:	
			
		<u> </u>	
	EGISTERED AGENT orida street address (P.O.Box NOT acceptable) o	fthe registered agent is:	
Name:	YOUR DREAM MULTISERVICES C	ORP	
Address:	9554 NW 41ST ST	_	
	DORAL, FLORIDA 33178	-	
ADTROLETIAL I	ACORBOD - TOB		
	NCORPORATOR		
the <u>name and ado</u>	Iress of the Incorporator is:		
Name;	Gianfranco Tomasio Guarderas	_	
Address:	655 Ives Dairy Road Suite 409	_	
	Miami, Florida 33179	_	
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective da filing.)	ate is listed, the date must be specific and cann	ot be more than five days prin	or or 90 days after the
Note: If the date in the document's ef	inserted in this block does not meet the applicable Tective date on the Department of State's records.	statutory filing requirements.	this date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process) miliar with and accept the appointment as registe	for the above stated corporation red agent and agree to act in th	at the place designated in thi is capacity
	Samar Torres		12/01/2023
	Required Signature/Registered Agent		Date
	iment and affirm that the facts stated herein are Department of State constitutes a third degree felor		
Quan	Ananco Tomasio Guardoras	·	12/01/2023
Required Signatur	Incorporator	Date	70231
			古 语

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