

12/1/23, 9:07 AM

Division of Corporations

Florida Department of State (((H23000410406 3)))
P23000084474
Electronic Filing Cover Sheet

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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)560-8108
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

FLORIDA PROFIT/NON PROFIT CORPORATION

Tomasio Corp

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

T.S.H.
12/8/23

Electronic Filing Menu Corporate Filing Menu Help

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2023 DEC -7 PM 5:33
5:33 PM
12/7/23

COVER LETTER

(((H23000410406 3)))

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

SUBJECT: Tomasio 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: Gianfranco Tomasio Guarderas
Name (Printed or typed)

655 Ives Dairy Road Suite 409
Address

Miami, Florida 33179
City, State & Zip

305-797-4167
Daytime Telephone number

gitogu18@gmail.com
E-mail address: (to be used for future annual report notification)

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

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FEB 13 2024

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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: Tomasio Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address655 Ives Dairy Road Suite 409Miami, Florida 33179

Mailing address, if different is:

655 Ives Dairy Road Suite 409Miami, Florida 33179**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: Gianfranco Tomasio Guarderas-P

Name and Title: _____

Address

655 Ives Dairy Road Suite 409

Address: _____

Miami, Florida 33179

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SUNBIZ

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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: 9554 NW 41ST ST

DORAL, FLORIDA 33178

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Gianfranco Tomasio Guarderas

Address: 655 Ives Dairy Road Suite 409

Miami, Florida 33179

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

12/01/2023

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.

Gianfranco Tomasio Guarderas

Required Signature/Incorporator

12/01/2023

Date

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FILED
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CLERK