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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION NATIONAL DREAM SERVICES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

NATIONAL DREAM SERVICES CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
14025 SW 142ND AVE #9, MJAMJ FL
33186
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
GERENCIO RAUL FARINAS CAPOTE
(P)
7A.
AHC P
THASSET TO
992 5
ARTICLEV INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Fiorida street address (PO Box not acceptable) of the registered agent is:
GERENCIO RAUL FARINAS CAPOTE
14025 SW 142ND AVEH9, MIAMI FL 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
BERENCIO RAUL FARINAS CAPOTE
140255W 142 ND AVE#9, MIAMIFL 33186

EIN: 99-5134231

Required Signatures:

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

Registered Agent 9-26-24

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.

Incorporator 9-26-24

Date

2024 SEP 30 PM 4: 17