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Florida Department of State
Division of Corporations
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)660-0108
Fax Number : (786)364-1047

S. CHATHAM
DEC 11 2024

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
Nexarion Digital Services Corp

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

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SECRETARY OF STATE
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COVER LETTER

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

((H24000407027 3)))

SUBJECT: Nexarion Digital Services 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: _____ Gladys Torres
 Name (Printed or typed)

_____ 5620 Nw 113th Place
 Address

_____ Doral Florida 33178
 City, State & Zip

_____ (448) 210-1536
 Daytime Telephone number

_____ nexarion0@gmail.com
 E-mail address: (to be used for future annual report notification)

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

((H24000407027 3)))

ARTICLES OF INCORPORATION

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

(((H24000407027 3)))

ARTICLE I NAME

The name of the corporation shall be: Nexarion Digital Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

5620 Nw 113th Place

Doral Florida 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide innovative, secure, and personalized

To provide innovative, secure, and personalized connections to clients through an online platform

designed to enhance their experience and productivity. The platform facilitates interaction with various

companies and/or clients within an advanced digital environment, supported by the latest technologies,

trends, and a team of professionals from different countries specializing in the digital field. Designed

to be comprehensive and user-friendly, it enables clients to access a wide range of services, payment

methods, and tailored solutions to meet their needs.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Pena - P	Name and Title: Gladys Torres - VP
Address 5620 Nw 113th Place	Address: 5620 Nw 113th Place
Doral, Florida 33178	Doral Florida 33178
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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TALLAHASSEE, FL

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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: Gladys TorresAddress: 5620 Nw 113th PlaceDoral Florida 33178**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Gladys TorresAddress: 5620 Nw 113th PlaceDoral Florida 33178**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*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*Gladys Torres*

Date

FILED
2024 DEC 11 PM 3:17
12/10/2024
SECRETARY OF STATE
TAMARA A. HARRIS
Date

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