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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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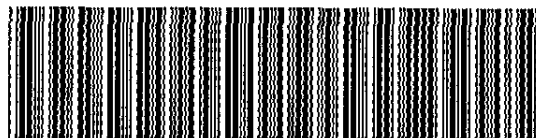
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

6/13

TRANSMITTAL LETTER

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

SUBJECT: Rivera Drywall Contractors, Inc.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alberto Rivera
Name (Printed or typed)

1402^{SE} 8th Ave.
Address

Cape Coral, FL 33990
City, State & Zip

239-707-3483
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Rivera Drywall Contractors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1402 SE 8th Ave, Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or buisness permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of common stock Dollars/(\$1.00) par Value Common Stock, which shall be designated "Common Shares"

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Alberto Rivera
1402 SE 8th Ave
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alberto Rivera
1402 SE 8th Ave
Cape Coral, FL 33990

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

x Alberto Rivera
Signature Registered Agent

Date

x Alberto Rivera
Signature Incorporator

Date

FILED
03 JUN 11 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA