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Florida Department of State
Division of Corporations
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((H200000273123)))



H200000273123ABOR

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RIVEROS CORP.
Account Number : 120190000048
Phone : (305)507-8464
Fax Number : (954)533-1785

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
ISOG INC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SERVICES

COVER LETTER

((H20000027312 3)))

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

ISOG INC

SUBJECT:

(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:

ZULMA RIVEROS

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD, SUITE 204

Address

WESTON, FL 33326

City, State & Zip

305.507.8464

Daytime Telephone number

CEO@RIVEROSCORP.COM

E-mail address: (to be used for future annual report notification)

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)

(((H20000027312 3)))

ARTICLE I NAME

The name of the corporation shall be:

ISOG INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1820 N CORPORATE LAKES BLVD, SUITE 204

WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paolo Bourelly, Pre

Name and Title: William Bourelly, Tre

Address 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

Address: 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

Name and Title: Paolo Bourelly, Sec

Name and Title:

Address 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

Address:

Name and Title:

Name and Title:

Address

Address:

2020 FEB -7 PM 1:55

FILED

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: ZULMA RIVEROS
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAOLO BOURELLY
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/24/2020 (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 PAOLO BOURELLY and I accept the appointment as registered agent and agree to act in this capacity.

PAOLO BOURELLY
Required Signature/Registered Agent

01/24/2020
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.

PAOLO BOURELLY
Required Signature/Incorporator

01/24/2020
Date