

P22 0000 47555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

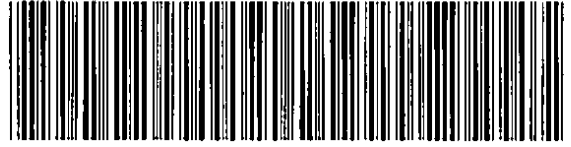
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/09/22--01022--004 **87.50

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -9 AM 9:46

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN -9 PM 1:52

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2022

LESBIA SEGURA
3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

SUBJECT: A RIVAS INVESTMENT INC
Ref. Number: W22000077879

We have received your document for A RIVAS INVESTMENT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000063601.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 522A00013045

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -9 AM 9:46

FILED

COVER LETTER

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

SUBJECT: A RIVAS INVESTMENT 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: ANA RIVAS MARRERO
Name (Printed or typed)
3487 BOGGY CREEK ROAD
Address
KISSIMMEE, FL 34744
City, State & Zip
407-319-2891
Daytime Telephone number
ANARIVASREALTOR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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2022 JUN -9 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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: ANA RIVAS INVESTMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3487 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

Mailing address, if different is:

3487 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

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: ANA RIVAS MARRERO, P Name and Title: _____

Address 3487 BOGGY CREEK ROAD Address: _____
KISSIMMEE, FL 34744

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

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TALLAHASSEE, FLORIDA

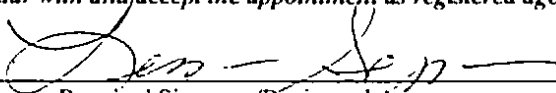
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022 (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.)

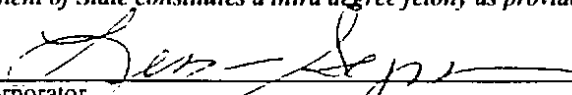
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/9/2022
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.


Required Signature/Incorporator

6/9/2022
Date