130001592

| (Re | equestor's Name) | |
|-------------------------|------------------------|------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700252758537

10/23/13--01014--028 **70.00

SECRETARY OF STATE
DIVISION OF CORPORATION

Ps 10/24/13

COVER LETTER

TO: New Filing Section Division of Corporations

_{SUBJECT:} RIVERA-TRIANA ENTERPRISES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HECTOR A. RIVERA

Name of Person

Firm/Company

1028 SALMON ISLE

Address

GREENACRES, FL 33413

City/State and Zip code

SKYTELEVISION@GMAIL.COM

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

For further information concerning this matter, please call:

HECTOR A. RIVERA at (561) 405-0662

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$78.75 Filing Fee & Certified Copy

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

APPLICATION'BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

RIVERA-TRIANA ENTERPRISES, INC.

| (If name unavailabl | | e adopted for the purpose of transacting business i | n Florida) |
|----------------------------------|--|---|------------|
| GEORGI | | 3. 20-1229777 | |
| State or country un 05/04/20(| der the law of which it is incorporated) | (FEI number, if applicable) PERPETUAL | |
| | incorporation) | 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") | |
| | MON ISLE, GREEN. (Current mailing ac | ACRES FL 33413 | 18 007 |
| OPEN BU | JSINESS ON FLORI | DA | 723 |
| - | of corporation authorized in home state or address of Florida registered agent: (IHECTOR A. RIVERA | | AH 11: 28 |
| Name: | | | |
| Name: | 1028 SALMON ISLE | | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: CEO HECTOR A. RIVERA Address: 1775 ATLANTA HWY GAINESVILLE, GA 30504 Vice Chairman: CFO MARTHA L. TRIANA Address: 1775 ATLANTA HWY GAINESVILLE, GA 30504 Director: __ **B. OFFICERS** President: Address: ____ Vice President: ___ Address: _ Secretary: _ Treasurer: Address: __ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he of she is aware that 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. 14. HECTOR A. RIVERA

(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : May 04, 2004 JURISDICTION

: 0428619 : Georgia

PRINT DATE

: 10/18/2013 3:17:20 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RIVERA-TRIANA ENTERPRISES, INC. A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Brian P. Kemp Secretary of State