# F16000000512

(Address)  (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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Re	equestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Ac	idress)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Ac	ldress)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Ci	ty/State/Zip/Phone	e #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	•	•	,
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	D BICK LIB	□ MAIT	П ман
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	☐ FIOR-OF	□ w∧0	LI WALL
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	· (Bu	ısiness Entity Nan	ne)
Sign W16-1048	(=:		,
Sign W16-1048			
Sign W16-1048	(Do	ocument Number)	
Sign W16-1048			
Sign W16-1048	Certified Conies	Certificates	of Status
Sign W16-1048	Octanica Copies	_ Certificates	Or Otatus
Sign W16-1048			
Sign W16-1048	Special Instructions to	Filing Officer:	
Sign W16-1048	opeoiai instructions to	Timing Officer.	
Sign W16-1048			
Sign W16-1048			
Sign W16-1048			:
Sign W16-1048			
Sign W16-1048 Office Use Only			
Sign W16-1048 Office Use Only	c		
Office Use Only	5160 111	-1040	
Office Use Only	Sigh Will	10 10	
	/	Office Use Onl	v



600279960856

01/04/16--01020--001 \*\*70.00

2016 FEB = 3 PM 5: 57
SECRETARY OF STATE
ANALYSEE, FLORID

K.SALY EXAMINER FEB - 4



RECEIVED 2016 FEB -3 PM 3:01 SECRE JARY OF STATE TALLAMASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2016

BRENDA ROBISON RIVERA CONSULTING GROUP, INC. 7060 SR 311 SELLERSBURG, IN 47172

SUBJECT: RIVERA CONSULTING GROUP, INC.

Ref. Number: W16000001048

We have received your document for RIVERA CONSULTING GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 816A00000444

### COVER LETTER

_	stration Sect				
SUBJECT:	Rivera Con	sulting Group, Inc.	•		
SUBJECT	·	Name o	f corporation	- must include suff	fix
Dear Sir or N	Madam:				
"Certificate	of Existence,		of Good Star	nding" and check ar	ransact Business in Florida," re submitted to register the
Please return Brenda Robis	-	ndence concerni	ng this matte	r to the following:	
-			Name of	Person	
Rivera Consu	lting Group, I	nc.			
7060 SR 311			Firm/Con	npany	
			Addr	ess	
Sellersburg, I	N 47172				
	<del></del>		City/State a	and Zip code	
brobison@riv	erainc.com				
		E-mail address	: (to be used	for future annual re	port notification)
For further i	nformation c	oncerning this m	atter, please	call:	
Brenda Robis	son		812 at (	246-4055	
Nar	ne of Person		Area Coo	le Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is	a check for th	ne following amo	unt:		
<b>■</b> \$70.00 F	iling Fee	□ \$78.75 Filing Certificate o		3 \$78.75 Filing Fee Certified Copy	e & S87.50 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.

	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,	>>
(If name unavaila	able in Florida, enter alternate corporate name adop	nted for the purpose of transacting	business in Florida)
Indiana	3,	2863627	
(State or countr 05/25/2005	y under the law of which it is incorporated)	(FEI number, if app	•
(Date 05/01/2015	of incorporation)	(Date of duration, if other the	nan perpetual)
	(Date first transacted business in Flo	rida, ii prior to registration)	
7060 SR 311 Sell	(SEE SECTIONS 607.1501 & 607.1502, ersburg, IN 47172		
7060 SR 311 Seli	(SEE SECTIONS 607.1501 & 607.1502, ersburg, IN 47172	F.S., to determine penalty liability	2016 FEB - 3
	(SEE SECTIONS 607.1501 & 607.1502, lersburg, IN 47172  (Principal o  (Current mailing act address of Florida registered agent: (P.O. B	F.S., to determine penalty liability  ffice address)  iddress, if different)	2016 FEB
	(SEE SECTIONS 607.1501 & 607.1502, lersburg, IN 47172  (Principal o	F.S., to determine penalty liability  ffice address)  iddress, if different)	2016 FEB - 3 PH 5:
. Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1502, lersburg, IN 47172  (Principal o  (Current mailing act address of Florida registered agent: (P.O. B	F.S., to determine penalty liability  ffice address)  iddress, if different)	2016 FEB - 3 FH
. Name and stree	(SEE SECTIONS 607.1501 & 607.1502, lersburg, IN 47172  (Principal o  (Current mailing act address of Florida registered agent: (P.O. B InCorp Services, Inc.	F.S., to determine penalty liability  ffice address)  iddress, if different)	2016 FEB - 3 FH 5: 5

9. Registered agent's acceptance:

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.

Sara Brawtigam on behalf of InCorp (Registered agent's signature) Services, Inc.

10. 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.

11. Names and business addresses of officers and/or directors:	y~.
A. DIRECTORS	2016 FEB - 3 PM 5:58
Chairman:	2016 FEB = 2
Address:	3/4 5:58
	TALLAHASSEE FLORIS
Vice Chairman:	~05tH//
Address:	
Joey Rivera Director:	
7060 SR 311 Address:	
Sellersburg, IN 47172	
Charlene Rivera Director:	
7060 SR 311	
Address: Sellersburg, IN 47172	<del>-</del>
B. OFFICERS	
Joey Rivera President:	
7060 SR 311 Address:	
Sellersburg, IN 47272	
Vice President:	
Address:	
Charlene Rivera Secretary:	
7060 SR 311 Address: Sellersburg IN 47172	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above)	affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to	
a third degree felony as provided for in s.817.155, F.S.  Joey Rivera-President/CEO	
(Typed or printed name and capacity of person signing appli	cation)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### RIVERA CONSULTING GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 25, 2005, and was in existence or authorized to transact business in the State of Indiana on June 18, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of June, 2015.

Connie Lawson, Secretary of State

2005052600165 / 2015061850427

2016 FEB = 3 PM 5:58