

H21000067947

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ISAMAR TORRES
Account Number : I2020000137
Phone : (786)660-0108
Fax Number : (305)503-7123

2021 FEB 17 AM 11:00
RECEIVED
CORPORATION DIVISION

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: onestopsolutionsfl@gmail.com

FLORIDA LIMITED LIABILITY CO.
RIVERA COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2/8/2021 12:09:39 PM PAGE 1/001 Fax Server

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February 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: RIVERA COMPANY LLC
REF: W21000015062

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

Tim Burch
Senior Section Administrator

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Letter Number: 321A00002775

P.O BOX 6327 - Tallahassee, Florida 32314

(((H21000050591 3)))

COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: RIVERA COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS ALVEIRO RIVERA MOJICA
Name of Person
Jesus Rivera
Firm Company
2390 NW 4 TERRACE
Address
MIAMI, FLORIDA 33125
City/State and Zip Code
riveram.company@gmail.com
E-mail address: (to be used for future annual report notification)

2021 FEB 17 AM 11:00

For further information concerning this matter, please call:

JESUS RIVERA 786 5537389
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H21000050591 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(((H21000050591 3)))

The name of the Limited Liability Company is:

RIVERA COMPANY LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2390 NW 4 TERRACE
MIAMI, FLORIDA 33125

2390 NW 4 TERRACE
MIAMI, FLORIDA 33125

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ISAMAR TORRES
Name

4167 NW 135TH ST
Florida street address (P.O. Box **NOT** acceptable)

OPA LOCKA FLORIDA 33054
City State Zip

2021 FEB 17 AM 11:00

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Isamar Torres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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((H21000050591 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JESUS ALVEIRO RIVERA MOJICA
3674 SW 25TH ST
MIAMI, FLORIDA, 33133

2021 FEB 17 AM 11:00

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jesus Rivera

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

JESUS ALVEIRO RIVERA MOJICA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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