

L22000298945

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Rivas Health And Life 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:

Eftihia Rivas

Name of Person

Rivas health and life LLC

Firm/Company

3852 SW Chicopee Street

Address

Port Saint Lucie Florida 34953

City/State and Zip Code

Eftie2232@gmail.com

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

For further information concerning this matter, please call:

Eftihia Rivas

at (917) 440-1670

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUL -6 AM 10:28
CORPORATIONS
COMMERCIAL
SERVICES

June 21, 2022

EFTIHIA RIVAS
3852 SW CHICOPEE STREET
PORT SAINT LUCIA, FL 34953

SUBJECT: RIVAS HEALTH AND LIFE LLC
Ref. Number: W22000083934

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 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

CONFLICTED NO: P21000030922,

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

Hyacinth LeBlanc
Regulatory Specialist II
New Filing Section

Letter Number: 422A00013926

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc
ANNUAL REPORTS SECTION

Letter number: 422A00013926

New Filing Section

FILED
2022 MAY 27 PM 1:29
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rivas Family Health and Life 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:

3852 SW CHICOPEE STREET
PORT SAINT LUCIE FLORIDA 34953

Mailing Address:

3852 SW CHICOPEE STREET
PORT SAINT LUCIE FLORIDA 34953

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:

EFTIHIA RIVAS

Name

3852 SW CHICOPEE STREET

Florida street address (P.O. Box **NOT** acceptable)

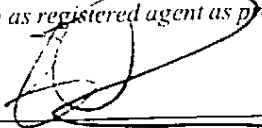
PORT SAINT LUCIE FLORIDA 34953

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO

Name and Address:

EFTIHIA RIVAS

3852 SW CHICOPEE STREET

PORT SAINT LUCIE FLORIDA 34953

(Use attachment if necessary)

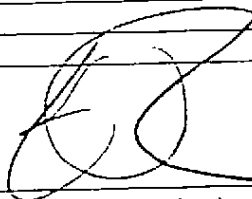
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

EFTIHIA RIVAS

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)