# M23000008387

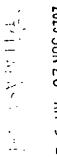
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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May 23, 2023

IVAN RIVAS 57 SUMTER PL SAINT AUGUSTINE, FL 32092 US

SUBJECT: RIVAS GROUP LLC Ref. Number: W23000074101

We have received your document for RIVAS GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 423A00011841

RECEIVED
JUN 2 8 2023

### **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations	
RIVAS GROUP LLC	
	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," Certifi e referenced foreign limited liability company to transact business in l
eturn all correspondence concerning this matter	to the following:
IVAN RIVAS	
	Name of Person
RIVAS GROUP LLC	
	Firm/Company
57 SUMTER PL	
·_ · · · · · · · · · · · · · · · · · ·	Address
SAINT AUGUSTINE FL 32092	
	City/State and Zip Code
ivan@rivastechgroup.com	
E-mail address: (to	be used for future annual report notification)
ner information concerning this matter, please of	:all:
IVAN RIVAS	425 954-6003
Name of Contact Person	at ()  Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DE  \$125.00 Filing Fee \$130.00 Filing Fee  Certificate	EPARTMENT OF STATE  Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certific

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	name adopted for the purpose of transacting business in Flo	rida. The alterna	te name must include "Limited Liab	oility Company," "	الله "C," or "ا	ī.c
WASHINGTON STAT		85- 3.	3355196			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)				
05/01/2023						
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ne penalty liabilit	у)			
57 SUMTER PL  treet Address of Principal Office)			SUMTER PL			
		6. (Mailing Address)				-
SAINT AUGUSTINE	FL 32092	SAI	NT AUGUSTINE FL 32	092		
						-
						-
			otable)			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	•	,		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	ŕ	<del></del>	0′23	
Name and street addre	ss of Florida registered agent: (P.O. Box  IVAN RIVAS	NOT accep	ŕ		NOF EZO	
	IVAN RIVAS	NOT accep	_	THE SHA	2023 JUN 28	
		NOT accep	_ 	TELL CHASS	023 JUN 28 AM	٠.
Name:	IVAN RIVAS	NOT accep	— — 32092 , Florida	TELL SHASS		2000.

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 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: **IVAN RIVAS** Name: □Manager ☐ Manager Name: Address: 57 SUMTER PL ■ Member Address: □Member SAINT AUGUSTINE FL 32092 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_\_ □Other\_\_\_\_ Other □Other\_\_\_\_ □Manager ☐ Manager Name: □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person Other Other Other Other\_\_\_\_ □Manager ☐ Manager Name: \_\_\_\_\_ Name: □Member Address: □Member Address: \_\_\_\_ □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ ☐ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person

IVAN RIMS

**IVAN RIVAS** 



# The State of Washington

# Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### **RIVAS GROUP, LLC**

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/01/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/23/2023 UBI Number: 604 524 683

STATE OF WASHING 1889 NOT 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 06/23/2023