

FILED
16 JUL -1 AM 8:25
FBI - NEW YORK

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: RIVMAN CHARITIES, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CARLOS RIVERO

Name (Printed or typed)

111 NE 1ST STREET SUITE 908

Address

MIAMI, FL 33132

City, State & Zip

(305) 894-6271

Daytime Telephone number

rivmancorp@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

CARLOS RIVERO
111 NE 1ST ST STE 908
MIAMI, FL 33132

SUBJECT: RIVMAN CHARITIES, INC.
Ref. Number: W16000040225

We have received your document for RIVMAN CHARITIES, 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please list the members address.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 916A00011607

RECEIVED

16 JUN 21 AM 9:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
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City, State & Zip

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NOTE: Please provide the original and one copy of the articles.

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: RIVMAN CHARITIES, INC.

(W16000040225)(EIN 41-2825328)
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16 JUL - 1 PM 12:35

RECEIVED

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Address

MIAMI, FL 33132

City, State & Zip

(305) 894-6271

Daytime Telephone number

rivmancorp@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: RIVMAN CHARITIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
111 NE 1ST STREET

SUITE 908

MIAMI, FL 33132

Mailing address, if different is:
111 NE 1ST STREET

SUITE 908

MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To develop, organize, execute and manage charitable projects domestically and internationally. With special interest (but no limit to)
in Latin America and the Caribbean.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: From a vote
conducted by the current directors during the end of each quarter.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARLOS RIVERO</u>	Name and Title:	<u>MARIACAMILA HERNANDEZ</u>
Address	<u>CHAIRMAN OF THE BOARD</u>	Address:	<u>DIRECTOR</u>
	<u>111 NE 1ST STREET SUITE 908</u>		<u>111 NE 1ST STREET SUITE 908</u>
	<u>MIAMI, FL 33132</u>		<u>MIAMI, FL 33132</u>
Name and Title:	<u>STEPHANIE PENA</u>	Name and Title:	_____
Address	<u>EXECUTIVE DIRECTOR, P</u>	Address:	_____
	<u>111 NE 1ST STREET SUITE 908</u>		_____
	<u>MIAMI, FL 33132</u>		_____
Name and Title:	<u>BRYAN ENRIQUEZ</u>	Name and Title:	_____
Address	<u>DIRECTOR</u>	Address:	_____
	<u>111 NE 1ST STREET SUITE 908</u>		_____
	<u>MIAMI, FL 33132</u>		_____

16 JUL - 1 AM 8:25

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOS RIVERO
Address: 111 NE 1ST ST SUITE 908
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS RIVERO
Address: 111 NE 1ST ST SUITE 908
MIAMI, FL 33132

ARTICLE VIII EFFECTIVE DATE:

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 or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

06-27-2016
Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

06-27-2016
Date