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TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status	SUBJECT: Rive	ras drywall contractors inc.		
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Mr. Ruben e Rivera; President Name (Printed or typed) 3952 atlantic blvd #j-10 Address jacksonville florida 32207 City, State & Zip (904) 424-7707		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
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		(904) 424-7707		
			Telephone number	

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

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ARTICLES OF INCORPORATION

· In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Riveras drywall contractors inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3952 ATLANTIC BLVD # J-10
JACKSONVILLE FLORIDA 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide services of installation of drywall framer, hanging & finishing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mr Ruben E Rivera, President 3952 atlantic blvd #j-10 jacksonville florida 32207

ARTICLE VI REGISTERED AGENT

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

Mr Ruben E Rivera, President 3952 atlantic blvd #j-10 jacksonville florida 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mr Ruben Rivera , President 3952 atlantic blvd #j-10 jacksoville florida 32207

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

Signature/Registered Agent

Signature/Incorporator

Dote

Date