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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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FLORIDA PROFIT/NON PROFIT CORPORATION

RIVERS INSURANCE AGENCY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF
RIVERS INSURANCE AGENCY, INC.**

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2006 MAR -6 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I-NAME

The name of corporation shall be: **RIVERS INSURANCE AGENCY, INC.**

The principal place of business of this corporation shall be:

**11300 NW 87 COURT STE 120
HIALEAH GARDENS, FL 33016**

ARTICLE II- NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State of America, or any other state, country, territory or nation.

ARTICLE III-CAPITAL STOCK

The maximum number of shares with this Corporation is authorized to have outstanding at any time is 1000 shares of common stock having no par value.

ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V-INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two member(s).

The numbers of directors may be increased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one nor more than 15.

The name(s) and address(es) of the director(s) constituting the initial Board of Directors is/are:

<u>Name</u>	<u>Address</u>
MAYDEL PADRON	4365 W 1 AVE HIALEAH, FL 33012
JESUS E. BENCOMO	4365 W 1 AVE HIALEAH, FL 33012

ARTICLE VI- INCORPORATOR(S)

The name(s) and address(es) of the Incorporator is/are:

<u>Name</u>	<u>Address</u>
MAYDEL PADRON	4365 W 1 AVE HIALEAH, FL 33012

The undersigned has(have) executed these Articles of Incorporation this


Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered officer/registered agent in the State of Florida.

1. The name of the corporation is: **RIVERS INSURANCE AGENCY, INC.**
2. The name and address of the registered agent and officer is :

**MAYDEL PADRON
4365 W 1 AVE
HIALEAH, FL 33012**

HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED, AS REGISTERED AGENT 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.


Signature


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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