

P11000096846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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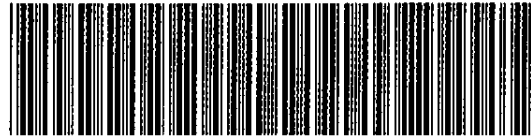
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/8

COVER LETTER

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

SUBJECT: Maria Rivera & CO. INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MARIA RIVERA
Name (Printed or typed)

15203 Plantation Oaks Dr. Apt 4
Address

TAMPA, FL 33647
City, State & Zip

954-643-5998
Daytime Telephone number

allahavbiznezz@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Maria Rivera & CO. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15203 Plantation Oaks Dr. Apt 4
Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA RIVERA DIRECTORS
Address: 15203 Plantation Oaks Dr
Apt 4
Tampa, FL 33647

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIA RIVERA
Address: 15203 Plantation Oaks Dr. Apt 4
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA RIVERA
Address: 15203 Plantation Oaks Dr. Apt 4
Tampa, FL 33647

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

Maria Rivera

Required Signature/Registered Agent

10/24/11

Date

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

Maria Rivera

Required Signature/Incorporator

10/24/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA