

P/200006648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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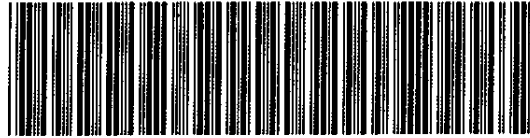
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JUL 30 PM 3:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

07/31/12

## COVER LETTER

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

SUBJECT: Loriv Enterprises, 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: Loyda Rivera  
Name (Printed or typed)

220 Rhapsody Ave  
Address

Lake Placid, FL 33852  
City, State & Zip

863 243 1001  
Daytime Telephone number

glorybound48@earthlink.net  
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: Loriv Enterprises, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
220 Rhapsody Ave  
Lake Placid, FL 33852

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Loyda Rivera - President, Secretary, Treasurer  
Address: 220 Rhapsody Ave  
Lake Placid, FL 33852

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee FL 32301

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Loyda Rivera  
Address: 220 Rhapsody Ave  
Lake Placid, FL 33852

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

Melanie Adams, Asst VP

Required Signature/Registered Agent

7/16/12  
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.

Loyda Rivera  
Required Signature/Incorporator

7-21-12  
Date