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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 28 AM 11:58

JS 10/29/13

COVER LETTER

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

SUBJECT: RIVERA FAMILY SERVICES, 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: **NATALIE RIVERA**
Name (Printed or typed)
3429 FOX RIDGE ST
Address
WINTER HAVEN, FL 33884
City, State & Zip
(863) 273-5837
Daytime Telephone number
NATALIE.W.RIVERA@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:

RIVERA FAMILY SERVICES, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

13 OCT 28 AM 11:58
Mailing address, if different is:

**3429 FOX RIDGE ST
WINTER HAVEN, FL 33884**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **NATALIE W. RIVERA, OWNER**

Address: **3429 FOX RIDGE ST
WINTER HAVEN, FL 33884**

Name and Title: **JORGE O. RIVERA, OWNER**

Address: **3429 FOX RIDGE ST
WINTER HAVEN, FL 33884**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____
Address _____ Address: 13 OCT 28 AM 11:58

ARTICLE VI REGISTERED AGENT

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

Name: NATALIE RIVERA
Address: 3429 FOX RIDGE ST
WINTER HAVEN, FL 33884

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATALIE RIVERA
Address: 3429 FOX RIDGE ST
WINTER HAVEN, FL 33884

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

Natalie Rivera 10/15/2013
Required Signature/Registered Agent 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.

Natalie Rivera 10/15/2013
Required Signature/Incorporator Date