

PK000004554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

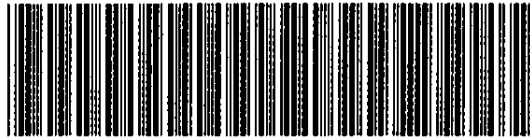
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400255287674

01/13/14--01012--007 **70.00

FILED
14 JAN 13 PM 12:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

MD 1/17

COVER LETTER

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

SUBJECT: Rivero Discount Appliances, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marilyn Fiallo c/o EZ Tax & Services, Inc.
Name (Printed or typed)

12215 Collier Blvd, Unit #11
Address

Naples, FL 34116
City, State & Zip

(239) 206-1660
Daytime Telephone number

eztaxofnaples@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:

Rivero Discount Appliances, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4724 Golden Gate Parkway

12215 Collier Blvd

Unit B

Unit #11

Naples, FL 34116

Naples, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Open a new retail business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milyn Fiallo, President

Name and Title: _____

Address 4300 19th Place SW

Address: _____

Naples, FL 34116

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Elizabeth B. Garneio

Address: 12215 Collier Blvd #11
Naples FL 34116

FILED
14 JAN 13 PM 12:35
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Fiallo
Address: 4300 19th Pl SW
Naples FL 34116

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

EB Garneio

Required Signature/Registered Agent

1/8/14

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.

Marilyn Fiallo

Required Signature/Incorporator

1/8/14

Date