

PISOUUO19926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

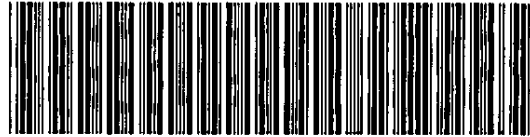
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR 03 2015'

T. SCOTT



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03/02/15--01037--003 **78.75

15 MAR -2 PM 12:00

COVER LETTER

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

SUBJECT: RIVERA SKIN CARE 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: Jenny d Medina Rivera
Name (Printed or typed)

6120 NW 6 St.
Address

Miami FL 33126
City, State & Zip

786) 970-2487
Daytime Telephone number

JeyJeyRivera@hotmail.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 Skin Care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1701 West Flagler St
St 206 Miami Fl 33135

Mailing address, if different is:

6120 NW 6th
Miami Fl. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cosmetology
Full specialist

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenny Rivera/President Name and Title: _____

Address: 6120 NW 6th Address: _____
miami fl. 33126
100% share holders

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 MAR - 2 PM 12:00

(conti.)

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:

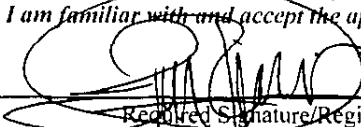
Name: Jenny Rivera
Address: 6120 NW 6 St
Miami Fl. 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jenny Rivera
Address: 6120 NW 6 St
Miami Fl. 33126

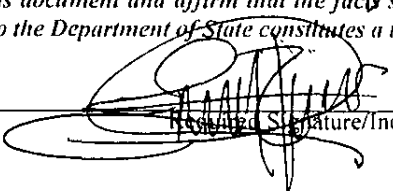
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02-25-15
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.



Required Signature/Incorporator

02-25-15
Date