

03/23/2014 05:13

#2889 P.001/004

**PIS000042766**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000115843 3)))



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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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15 MAY 12 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RIVIERA BAKERY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

15 MAY 12 AM 10:06

MAY 13 2014

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T. SCOTT  
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H15000115843

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Riviera Bakery, Inc. of Doc # H90491 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Eddie Gonzalez

H15000115843

**ARTICLES OF INCORPORATION** H15000115843  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TAX ID: 65-004785

ARTICLE I NAME: The name of the corporation is:

Riviera Bakery, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1700 NW 17 Ave

Miami FL 33125

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ELVIRA Gonzalez (PRESIDENT)

EDDIE Gonzalez (V. PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

EDDIE Gonzalez

1700 NW 17 Ave

Miami FL 33125

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

EDDIE Gonzalez

1700 NW 17 Ave

Miami FL 33125

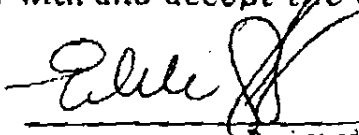
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**Required Signatures:**

***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***

  
\_\_\_\_\_  
Registered Agent

5/12/15  
\_\_\_\_\_  
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.***

  
\_\_\_\_\_  
Incorporator

5/12/15  
\_\_\_\_\_  
Date

W15000115843