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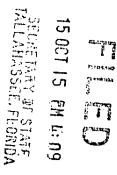
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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P.					

Office Use Only



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W15-64441

COVER LETTER

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

SUBJECT: Riv	vera Air, Inc.				
50D0Ec1	(PROPOSED CORP	ORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of th	e articles of incorporation and	d a check for:		
☐ \$70.0 Filing Fo	00 ■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Hector M. Rivera Jr. Name (Printed or typed)				
	6701 Mallards Cove Rd. #28A				
	Address				
	Jupiter, FL 33458				
City, State & Zip					
	561-762-0905	me Telephone number			
	hvacservices7@gmail.com				
	E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 OCT 15 AM 9: 47

SECRETARY OF SHATE TALLAHASSHE, FLORIDA

September 28, 2015

HECTOR M. RIVERA JR. 6701 MALLARDS COVE RD #28A JUPITER, FL 33458

SUBJECT: RIVERA AIR, INC. Ref. Number: W15000064441

We have received your document for RIVERA AIR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 415A00020411

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

ARTICLE I NAME			
The name of the corpora	tion shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address 6701 Mallards Cove Rd. #28A		Mailing addr	ess, if different is:
Jupiter, FL 33458			
-			
	Our goal he corporation is organized is:	is to provide the best quality of v	vork with the best
service possible.			
<u>.</u>			⊼s .5
			8 T
			S 5 5
			CONDO TALE CON : I
The number of shares of	ES 250 SWARES stock is:		9)A
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
Name and Title	Hector M. Rivera Ir. / President	Name and Title:	
Address	6701 Mallards Cove Rd. #28A	Address:	
	Jupiter, FL 33458		
	and the second s		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address	, , , , , , , , , , , , , , , , , , , 	Address:	
	-		

Name ar	nd Title:	Name and Title:	
Address	3	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Hector M. Rivera Jr.	0.0) 0. 0.0 100 100 100 100 100	7
Address:	6701 Mallards Cove Rd. #28A	•	A 5
	Jupiter, FL 33458	 	
			O Property
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	ري ما ا ما ا	
The name and a	ddress of the Incorporator is:	GAN	50
Name:	Hector M. Rivera Jr.	<u> </u>	19
Address:	6701 Mallards Cove Rd. #28A		
	Jupiter, FL 33458		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:		
(If an effective of days after the fi		annot be more than five business days prio	r or 90 business
		cable statutory filing requirements, this date w	vill not be listed as
the document's e	ffective date on the Department of State's rec	ords.	
		rocess for the above stated corporation at the as registered agent and agree to act in this cap	
J		9/16/20	·
	Required Signature/Registered Ager	t	Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false informa felony as provided for in s.817.155, F.S.	ution submitted in a
	~	9/16/20	15
Requi	ired Signature/Incorporator		Date
1			