

P15000085946

(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:

P.

Office Use Only



100277113231

09/21/15--01016--017 **78.75

FILED
15 OCT 15 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W15-64441

1000 OCT 19 2015

COVER LETTER

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

SUBJECT: Rivera Air, 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: Hector M. Rivera Jr.

Name (Printed or typed)

6701 Mallards Cove Rd. #28A

Address

Jupiter, FL 33458

City, State & Zip

561-762-0905

Daytime 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 STATE
TALLAHASSEE, 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

ARTICLE I NAME Rivera Air, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6701 Mallards Cove Rd. #28A
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

ARTICLE III PURPOSE Our goal is to provide the best quality of work with the best
The purpose for which the corporation is organized is: _____
service possible.

ARTICLE IV SHARES 250 Shares

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Hector M. Rivera Jr. / President**

Name and Title:

Address 6701 Mallards Cove Rd. #28A
Jupiter, FL 33458

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Hector M. Rivera Jr.

Address: 6701 Mallards Cove Rd. #28A

Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hector M. Rivera Jr.

Address: 6701 Mallards Cove Rd. #28A

Jupiter, FL 33458

FILED
15 OCT 15 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

9/16/2015
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.

[Signature]
Required Signature/Incorporator

9/16/2015
Date