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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
RIVER MARINA BOAT YARD, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
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COVER LETTER

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

SUBJECT: RIVER MARINA BOAT YARD, 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: BENITO R GOMEZ
Name (Printed or typed)

8501 NW 107 COURT # 6
Address

DORAL FL: 33178
City, State & Zip

786-306-6537
Daytime Telephone number

ISLANDYACHT@hotmail.com
E-mail address: (to be used for future annual report notification)

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

FILED

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: River marina Boat Yard, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

961 NW 7 STREET
MIAMI FL: 33136

Mailing address, if different is:

8501 NW 107 COURT #6
DORAL FL: 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To transact any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BENITO R GOMEZ President
Address: 8501 NW 107 COURT #6 DORAL FL: 33178

Name and Title: JOSE TORRES BARRIOS Secretary
Address: CASA BOTE. C VILLA 170, LECHERIA EDO ANZOATEGUI - VENEZUELA

Name and Title: GIUSEPPE IACURTI, C. Treasurer
Address: Avenida Octavio Camejo B 8, Parque Residencial club de Vela - A-14 LECHERIA ANZOATEGUI - VENEZUELA.

Name and Title: Roberto Castillo Vice-Pres.
Address: 10701 SW 104 St Miami, Fl 33176

Name and Title: _____
Address: _____

Name and Title: _____
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: BENITO R GOMEZ

Address: 8501 NW 107 COURT
#6 DORAL FL 33178

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BENITO R GOMEZ

Address: 8501 NW 107 COURT
#6 DORAL FL 33178

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

_____ 01/26/2016
Required Signature/Registered Agent 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.

_____ 01/26/2016.
Required Signature/Incorporator Date

01/29/2016 14:52 3056339696 CORPUSA PAGE 04/04