

P18 000 029 688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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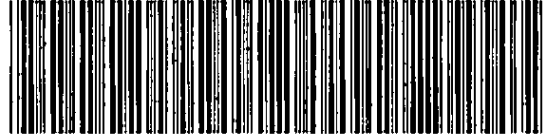
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/18--01029--004 **78.75

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Robert Del Sol Rivero, 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: Robert Del Sol Rivero
Name (Printed or typed)

662 Rosselli Blvd
Address

Davenport, FL 33896
City, State & Zip

(407) 825-7814
Daytime Telephone number

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

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TALLAHASSEE, FL 32314

18 MAR 26 PM 1:27

LED

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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: Roibert Del Sol Rivero, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

662 Rosselli Blvd
Davenport, FL 33896

662 Rosselli Blvd
Davenport, FL 33896

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to open my business (Beauty Salon).

ARTICLE IV SHARES

The number of shares of stock is: 1

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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roibert Del Sol Rivero
(President)

Address: 662 Rosselli Blvd
Davenport, FL 33896

Name and Title: Yarali Reinaldo (President)

Address: 662 Rosselli Blvd
Davenport, FL 33896

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Yarachi Reinaldo
Address: 662 Rosselli Blvd
Davenport, FL 33896

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roibert Del sol Rivero
Address: 662 Rosselli Blvd
Davenport, FL 33896

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STATE OF FLORIDA
TALLAHASSEE, FL 32301

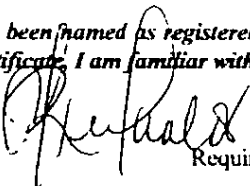
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/21/18 (OPTIONAL)

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

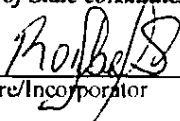


Required Signature/Registered Agent

03/21/18

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

03/21/18
Date