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Florida Department of State

Division of Corporations  
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To:

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

Account Name : RIVEROS CORP.  
Account Number : 120190000048  
Phone : (305)507-8464  
Fax Number : (954)533-1785

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
AICRAM CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FL

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Corporate Filing Menu

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JAN 13 2020

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**COVER LETTER**

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

**AICRAM CORP**

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
                                    Name (Printed or typed)  
**1820 N CORPORATE LAKES BLVD, SUITE 204**  
\_\_\_\_\_  
                                    Address  
**WESTON, FL 33326**  
\_\_\_\_\_  
                                    City, State & Zip  
**305.507.8464**  
\_\_\_\_\_  
                                    Daytime Telephone number  
**CEO@RIVEROSCORP.COM**  
\_\_\_\_\_  
                                    E-mail address: (to be used for future annual report notification)

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

((H20000011367 3)))

**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:

**AICRAM CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

1820 N CORPORATE LAKES BLVD, SUITE 204

WESTON, FL 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY LAWFULL BUSINESS ACTIVITY**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Jonatan Carranza, Pre**

Name and Title:

Address: **1820 N CORPORATE LAKES BLVD, SUITE 204**

**WESTON, FL 33326**

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: ZULMA RIVEROS  
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204  
WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCIA CARRANZA  
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204  
WESTON, FL 33326

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/10/2020 (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.*

[Signature]  
Required Signature/Registered Agent

01/10/2020  
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.817.135, F.S.*

[Signature]  
Required Signature/Incorporator

01/10/2020  
Date

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CLERK OF STATE  
TALLAHASSEE, FL

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