

P20000011949

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H20000047427 3)))



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To:

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

From:

Account Name : RIVEROS CORP.
Account Number : 128198000048
Phone : (305)587-8464
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
GYP INTEGRAL SERVICES & SOLUTIONS CORP

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

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STATE OF FLORIDA
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COVER LETTER

(((H20000047427 3)))

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

SUBJECT: GYP INTEGRAL SERVICES & SOLUTIONS CORP
(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:

ZULMA RIVEROS

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.

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION (((H20000047427 3)))
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: **GYP INTEGRAL SERVICES & SOLUTIONS CORP**

ARTICLE II PRINCIPAL OFFICE
Principal street address

1800 SOUTH OCEAN DR APTO 2408
HALLANDALE BEACH, FL 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS ACTIVITY

ARTICLE IV SHARES **10**
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PAOLA AVILA, P**

Address 1800 SOUTH OCEAN DR APTO 2408
HALLANDALE BEACH, FL 33309

Name and Title:

Address:

Name and Title: **GUILLERMO JARA, VP**

Address 1800 SOUTH OCEAN DR APTO 2408
HALLANDALE BEACH, FL 33309

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

(((H20000047427 3)))

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: GERMAN ROJAS
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

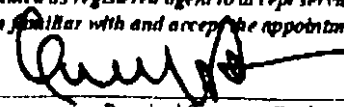
Name: PAOLA AVILA
Address: 1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/12/2020 (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.)

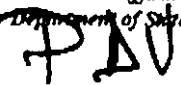
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

02.11.2020
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.817.155, F.S.


Required Signature/Incorporator

02/11/2020
Date

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TALLAHASSEE, FL

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