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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RIVEROS CORP.
Account Number : I20190000048
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: lea@riverosamp.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Maltinti y Asociados Corp

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

2020 JUN -5 PM 2:02

2020 JUN -5 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: Maltinti y Asociados 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.

2020 JUN -5 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL

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: Maltinti y Asociados Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1820 N CORPORATE LAKES BLVD, SUITE 204
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business activity

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlo Maltinti, President

Address: Republic de Panamá, Panamá City, Bella Vista, Avenida Samuel Lewis, ~~ed Omega, of. 5/D.~~

Name and Title:

Address:

Name and Title: Zulma Riveros, Secretary

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

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2020 JUN -5 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL

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: Carlo Maltinti

Address: Republic de Panamá, Panamá City, ~~Bella Vista, Avenida Samuel Lewis,~~ ed Omega, of. 5/D.

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/05/2020 (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

_____ 06/05/2020

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.

_____ 06/05/2020

Required Signature/Incorporator Date