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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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20 JUN -5 PM 4:10  
To: Division of Corporations  
Fax Number : (850)617-6381  
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Account Number : I20190000048  
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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  
SARG CO

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

## COVER LETTER

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

SUBJECT: SARG CO

(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: 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.**

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

SARG CO

The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1065 SW 8<sup>TH</sup> ST PMB 682

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

Any lawful business activity

ARTICLE IV SHARES

100

The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betty Almanza, President

Name and Title: \_\_\_\_\_

Address 6655 W BROWARD BLVD #204  
PLANTATION FL 33317

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

FILED  
20 JUN -5 PM 4:11  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

Address: BETTY ALMANZA  
6655 W BROWARD BLVD #204  
PLANTATION FL 33317

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: BETTY ALMANZA

Address: 6655 W BROWARD BLVD #204  
PLANTATION FL 33317

**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*

*[Signature]*  
Required Signature/Registered Agent

06/05/2020

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.*

*[Signature]*  
Required Signature/Incorporator

06/05/2020

Date

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