## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RIVEROS CORP. Account Number : I2019000048

Phone : (305)507-8464

Fax Number : (954)533-1785

C RICO

JUN 0 9 2020

\*\*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 Fidias Consulting Corp

Certificate of Status	0
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## **COVER LETTER**

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

SUBJECT:	FIDIAS CONSULTING COR				
JODUZO1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	OPY REQUIRED		
FROM:	Fernanda M Legeren Name (Printed or typed)				
	2333 Brickell AV Apt 121	11			
	Address				
	Miami, FL 33129				
<del></del>	City, State & Zip				
_	Daytime Telephone number				
		financialoutsourcingser	vices@gmail.com		
	E-mail address: (to be use	d 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)

ICLE I NAT name of the corp	oration shall be: FIDIAS CONSULT	TING CORP	
Brickell Av	NCIPAL OFFICE Principal street address Apt 1211		Mailing address, if different is:
Corporation w	RPOSE  th the corporation is organized is:  rill engage in any activity of busines es of America.		
ICLE V INI	s of stock is: <u>1,000</u> TIAL OFFICERS AND/OR DIRECTORS		itle:Gustavo Enrique Rodrigue:
number of shares	s of stock is: 1,000		itle: <u>Gustavo Enrique Rodrigue</u> : Av.Rivadavia 4949 Piso 9
Tumber of shares  ICLE V INI  Name and I	s of stock is: <u>1,000</u> TIAL OFFICERS AND/OR DIRECTORS Title: Fernanda Maria Legeren -Direc	ctor Name and T	,
number of shares  ICLE V INI  Name and I	of stock is: <u>1,000</u> TIAL OFFICERS AND/OR DIRECTORS  Title: Fernanda Maria Legeren - Directors  2333 Brickell Av Apt 1211	ctor Name and T	Av.Rivadavia 4949 Piso 9
Tumber of shares  ICLE V INI  Name and I	TIAL OFFICERS AND/OR DIRECTORS  Title: Fernanda Maria Legeren - Directors  2333 Brickell Av Apt 1211  Miami, Fl 33129	ctor Name and T	Av.Rivadavia 4949 Piso 9  Buenos Aires CP 1424  Argentina
Name and T	TIAL OFFICERS AND/OR DIRECTORS  Title: Fernanda Maria Legeren - Directors  2333 Brickell Av Apt 1211  Miami, Fl 33129	Address:  Name and T	Av.Rivadavia 4949 Piso 9  Buenos Aires CP 1424  Argentina
Name and T	TIAL OFFICERS AND/OR DIRECTORS  Title: Fernanda Maria Legeren - Directors  2333 Brickell Av Apt 1211  Miami, Fl 33129	Address:  Name and T	Av.Rivadavia 4949 Piso 9  Buenos Aires CP 1424  Argentina
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Title: Fernanda Maria Legeren - Directors  2333 Brickell Av Apt 1211  Miami, Fl 33129	Address:  Name and T  Address:  Name and T  Address:	Av.Rivadavia 4949 Piso 9  Buenos Aires CP 1424  Argentina

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	of the registered agent is:		
Name:	Fernanda Maria Legeren	<del></del>		
Address:	2333 Brickell Av Apt 1211	_		
	Miami, Fl 33129	<del></del>		
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and a</u>	drens of the Incorporator is:			
Name:	Fernanda Maria Legeren			
Address:	Miami, Fl 33129	_		
		_		
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)		
(If an effective of filing.)	ate is listed, the date must be specific and canno	not be more than five days prior or 90 days after the		
Note: If the date the document's e	inserted in this block does not meet the applicable ffective date on the Department of State's records.	c statutory filing requirements, this date will not be listed as		
Having been nan certificate. I am j	ned as registered pagent to accept service of process fi iamiliar with and accept the appointment as register	for the above stated corporation at the place designated in the ered agent and agree to act in this capacity		
	Henanda Jan	06/04/2020		
	Roduired Signature/Registered Agent	Date		
I submit this doc document to the	ument and affirm that the facts stated herein are Department of State positivies a third degree felon	e true. I am aware that the false information submitted in ay as provided for in £817.155, F.S.		
Required Signatu	re/Incorporator Jeurander	Date 06/04/2020		