

PZ19000001043Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000008519 3)))



H210000085193ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
RIVERA'S TRUCK TRANSPORTATION INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON

JAN 08 2021

2021 JAN -7 AM 8:23

2021 JAN -7 PM 4:00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Rivera's TRUCK TRANSPORTATION INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

28701 SW 153 RD AVE Apt 1033033 Homestead FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Emilio Fernández Rivera (P)

2021 JAN -7 AM 8:23

RECEIVED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Emilio Fernández Rivera28701 SW 153 RD AVE Apt 1033033 Homestead FL**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Emilio Fernandez Rivera28701 SW 153 Ave Apt 10Homestead FL 33033

Required Signatures:

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



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.



Incorporator_____
Date

FILED
2021 JAN -7 AM 8:23
STATE
CL