

P2100002732738

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 : I20190000048
Phone : (305)507-8464
Fax Number : (786)516-2206

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
CRISTINA GALVIS PA

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

JAN 21 2021
T. SCOTT

2021 JAN 20 PM 1:12
2021 JAN 20 PM 4:52

COVER LETTER

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

SUBJECT: CRISTINA GALVIS P.A.
(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: CRISTINA GALVIS
Name (Printed or typed)

1665 winterberry Ln
Address

Weston, Florida, 33327
City, State & Zip

954 594 3518
Daytime Telephone number

cgavis2020@gmail.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

The name of the corporation shall be: CRISTINA GALVIS P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1665 Wintiberry Ln
Weston, Florida 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL STATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRISTINA GALVIS P Name and Title: _____

Address: 1665 Wintiberry Ln Address: _____
Weston, Florida 33327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

921 JUN 20 PM 1:12
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-20-2011 BY 60322

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: CRISTINA GALVIS
Address: 1665 Winterberry Ln
Weston, Florida 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRISTINA GALVIS
Address: 1665 Winterberry Ln
Weston, Florida 33327

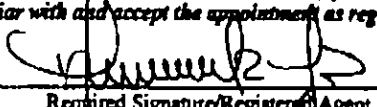
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

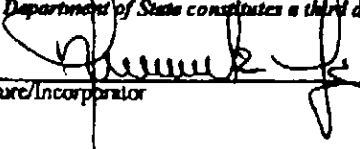
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

18/01/2021
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

18/01/2021
Date