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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

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: 1665 Winterberry Ln
Weston, Florida 33327

Mailing address, if different is: _____

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:	<u>CRISTINA GALVIS P</u>	Name and Title:	_____
Address:	<u>1665 Winterberry Ln</u> <u>Weston, Florida 33327</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

921 JAN 20 PM 11:12
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-20-2011 BY 60322

11-1-2011

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