

**P21000857912**

**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.**

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

**\*\*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  
RIVALTA BEHAVIORAL SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**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: RIVALTA BEHAVIORAL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3544 SW 24TH TERMIAMI, FL 33145**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SARAY RIVALTA FERNANDEZ-P

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

Address

3544 SW 24TH TER

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

MIAMI, FL 33145

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

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

Address

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

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

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

Address

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

12-03-2021  
02

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: SARAY RIVALTA FERNANDEZ

Address: 3544 SW 24TH TER

MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: SARAY RIVALTA FERNANDEZ

Address: 3544 SW 24TH TER

MIAMI, FL 33145

**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:*

X

\_\_\_\_\_  
Required Signature/Registered AgentX 4/29/2021  
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.*

X

\_\_\_\_\_  
Required Signature/IncorporatorX 4/29/2021  
Date

2021 APR 30 PM 9:07  
F.S. 817.155