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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 : 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 89 RIVERA ENTERPRISE IND

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

T. SCOTT

DEC 17 2021

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Corporate Filing Menu

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f.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
Effective Date 1/1/22
ARTICLE I NAME: The name of the corporation is:
89 RIVERA ENTERPRISE INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
0 == 12.
12995 BISCAUNE BLVD SUITE 322 MANIFLBB181
· · · · · · · · · · · · · · · · · · ·
ARTICLE III SHARES: The number of shares of stock is:
A DETICAL EL MAY
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
YORDANY ROVERD BERHUDES (P)
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<u>iii</u> ⊥-
THE COURT OF THE CONTRACT OF THE COURT AND COU
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
TORDANY KIVERA BERIYUZEZ
12955 BISCAYNE BLVD SUITE322
MIANI FL 33181
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
YORDANY RIVERA BERMULES
10/5/1/4/4

12955 BISCHYNE BLAND SUITE 322

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

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.