

P22000010013

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: ceo@riversap.com

FLORIDA PROFIT/NON PROFIT CORPORATION
YUGO EXPERIENCE CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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February 10, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIVEROS CORP

SUBJECT: YUGO EXPERIANCE CORP
REF: W22000015330

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please include the mailing address for the business entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000052949
Letter Number: 922A00003330

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COVER LETTER

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

SUBJECT: YUGO EXPERIENCE CORP
(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: ELIVE RIVEROS
Name (Printed or typed)
710 CUMBERLAND TERRACE
Address
DAVIE, FL 33325
City, State & Zip
305.507.8464
Daytime Telephone number
CEO@RIVEROSCORP.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: YUGO EXPERIENCE CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

710 CUMBERLAND TERRACE
DAVIE, FL 33325

710 CUMBERLAND TERRACE
DAVIE, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFULL BUSINESS PURPOSES

CLERK OF STATE
JAN 11 2012

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RIVEROS, ELIVE PRESIDENT
Address: 710 CUMBERLAND TERRACE
DAVIE, FL 33325

Name and Title: PITA, CLAUDIO PRESIDENT
Address: 710 CUMBERLAND TERRACE
DAVIE, FL 33325

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: ZULMA BOURELLY
Address: 175 SW 7TH ST STE 1905
MIAMI FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIO PITA
Address: 710 CUMBERLAND TERRACE
DAVIE, FL 33325

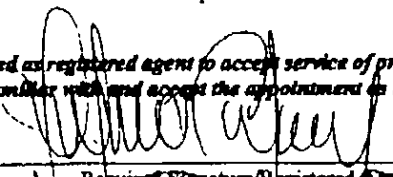
ARTICLE VIII EFFECTIVE DATE: 02/07/2022

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

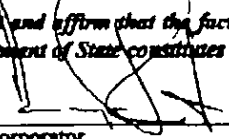


Required Signature/Registered Agent

02/07/2022

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

02/07/2022

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA