

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.

((H22000144762 3)))



H220001447623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

RECEIVED
2022 APR 21 PM 1:54
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
GRUPO RIVERA CORP

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

T. SCOTT
APR 22 2022

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Grupo Rivera CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

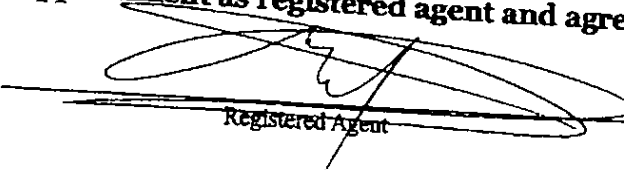
7641 Autumn Pines dr 32822 Orlando FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Ricardo Raulfo Rivera Montenegro - VP
Yolanda Evalina Gomez Bolanos - T
Juan Camilo Rivera Gomez - S
Ricardo Julian Rivera Gomez - P
Sebastian Rivera Gomez - VP**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ricardo Julian Rivera Gomez
7641 Autumn Pines dr 32822
Orlando FL**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ricardo Julian Rivera Gomez
7641 Autumn Pines dr 32822
Orlando FL

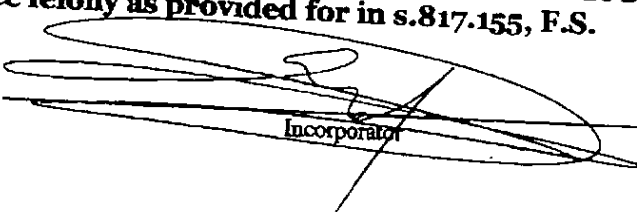
Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date