

5/31/22, 11:58 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : WF TAXES AND MORE INC.  
Account Number : I20200000043  
Phone : (772)879-0010  
Fax Number : (772)879-0150

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Wftaxes.more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RIVERAS VENTAS INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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T. SCOTT  
JUN - 1 2022

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CORPORATION  
COMMERCIAL  
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## COVER LETTER

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

**SUBJECT:** RIVERAS VENTAS INC

**(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:** DULCE COTTO  
Name (Printed or typed)

1791 SE CARVALHO ST  
Address

PORT ST. LUCIE, FL 34983  
City, State & Zip

305-608-7958  
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

**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: RIVERAS VENTAS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1791 SE CARVALHO STPORT ST. LUCIE, FL 34983**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

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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: DULCE COTTO, PRESIDENT

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

Address 1791 SE CARVALHO ST

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

PORT ST. LUCIE, FL 34983Name and Title: MIRIAM JIMENEZ, VICE PRESIDENT

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

Address 492 NE SOLIDA CIR

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

PORT ST. LUCIE, FL 34983

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

Address \_\_\_\_\_

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

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3 of 4

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: DULCE COTTO  
 Address: 1791 SE CARVALHO ST  
PORT ST. LUCIE, FL 34983

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

Name: WALTER GOMEZ  
 Address: 508 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Dulce Cotto 05/23/2022  
 Required Signature/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.*

Walter Gomez 05/23/2022  
 Required Signature/Incorporator Date