

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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((H22000205771 3)))



H220002057713ABC-

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To: Division of Corporations  
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Account Number : I20220000113  
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BlessedTeaminfo@protonmail.com

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**rVerse Holdings, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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# COVER LETTER

((H22000205771 3)))

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

**SUBJECT:** rVerse Holdings, 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:** Lesbia Segura

Name (Printed or typed)

3321 S Orange Blossom Trail, Suite 206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

ronald.o.orellana@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

((H22000205771 3)))

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

(((H22000205771 3)))

**ARTICLE I NAME**The name of the corporation shall be: rVerse Holdings, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address3 MAPLE LEAF DR  
HYDE PARK, MA 02136

Mailing address, if different is:

3 MAPLE LEAF DR  
HYDE PARK, MA 02136**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RONALD OMAR ORELLANA, P

Address

3 MAPLE LEAF DR  
HYDE PARK, MA 02136

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

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

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

Address

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

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

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

Address

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

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

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2022 JUN 16 AM 12:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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: LESBIA SEGURA  
 Address: 3321 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

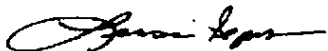
**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: LESBIA SEGURA  
 Address: 3321 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

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**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: JUNE 10, 2022. (OPTIONAL)

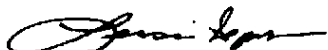
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

6/10/2022

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

6/10/2022

Date

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