

Pa2000062878

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H22000267434ABC/

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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 : (239)228-2074

****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
QUILLAWAYRA CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 AUG 10 PM 12:19

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SECRETARY OF STATE
TALLAHASSEE, FL



August 10, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIVEROS CORP.

SUBJECT: QUILLAWAYRA CORPORATION
REF: W22000103230

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000267434
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TALLAHASSEE, FL



August 9, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIVEROS CORP.

SUBJECT: QUILLAWAYRA CORPORATION
REF: W22000102942

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.

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Dil Sultana
Regulatory Specialist II

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Letter Number: 322A00017780

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TALLAHASSEE, FL

COVER LETTER

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

QUILLAWAYRA CORPORATION

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Corporation

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: _____
Name (Printed or typed)

175 SW 7TH ST SUITE 1906

Address

MIAMI, FL 33130

City, State & Zip

305.507.8464

Daytime Telephone number

INFO@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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TALLAHASSEE, FL

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:

QUILLAWAYRA CORPORATION

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is.

16404 SAPPHIRE ST
WESTON FL 33327ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL LEGAL ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODRIGUEZ, HECTOR PRES

Name and Title: VILLAMAR, ALEJANDRA TRE

Address 16404 SAPPHIRE ST
WESTON FL 33327Address: 16404 SAPPHIRE ST
WESTON FL 33327

Name and Title: RODRIGUEZ, PABLO SEC

Name and Title:

Address 16404 SAPPHIRE ST
WESTON FL 33327

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

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: RODRIGUEZ, HECTOR
Address: 16404 SAPPHIRE ST
WESTON FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODRIGUEZ, HECTOR
Address: 16404 SAPPHIRE ST
WESTON FL 33327

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 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

08/08/2022 03:04 PM EDT

Required Signature/Registered Agent

08/08/2022

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.

08/08/2022 03:04 PM EDT

Required Signature/Incorporator

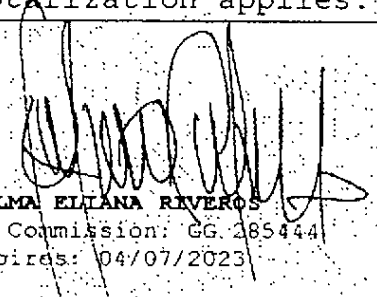
08/08/2022

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

State of Florida
County of Miami Dade

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 08 day of August, 2022 by, who ☒ is personally known to me or ☒ Hector Rene Rodriguez produced a PASSPORT as identification, regarding the attached instrument described as PROFIT CORPORATION and to whose signature this notarization applies.


ZULMA ELLANA RIVEROS
My Commission: GG 285444
Expires: 04/07/2023

08/10/2022 03:15 PM EDT



Online Notary Public

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TALLAHASSEE
SECRETARY OF S