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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 : RTVEROS 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
ARGO BUSINESS SERVICES INC

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

2023 JAN 27 7 PM 1:13

2023 JAN 27 AM 9:13
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

D. O'KEEFE
Help
JAN 30 2023

COVER LETTER

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

ARGO BUSINESS SERVICES INC

SUBJECT: _____
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
ZULMA RIVEROS
Name (Printed or typed)
175 SW 7TH ST SUITE 1906
Address
MIAMI, FL 33130
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.

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

ARTICLE I NAMEThe name of the corporation shall be: ARGO BUSINESS SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

175 SW 7TH ST SUITE 1906
MIAMI FL 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY LEGAL AND LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARIAS, KAREN PRESAddress 175 SW 7TH ST
SUITE 1906
MIAMI FL 33130

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FALLAH ASSOCIATES, LLC

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BCS BRICKELL CORPORATE SERVICES INC
Address: 175 SW 7TH ST STE 1906
MIAMI FL 33130

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: KAREN ARIAS
Address: 175 SW 7TH ST STE 1906
MIAMI FL 33130

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

Required Signature/Registered Agent
01/27/2023
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
01/27/2023
Date