

P24000034023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

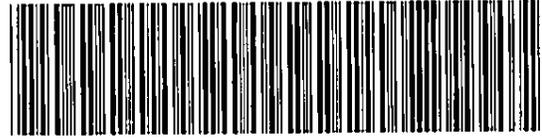
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2024 MAY 17 AM 9:47
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TALLAHASSEE, FL

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2024 MAY 15 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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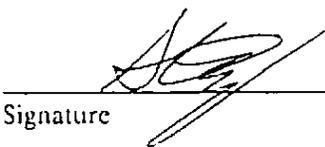
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RIVER RUN 47 CORP

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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COVER LETTER

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

SUBJECT: River Run 47 Corp.
(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: Manny Mendez
Name (Printed or typed)

4737 NW 98 Place
Address

Doral, FL 33178
City, State & Zip

305-965-3235
Daytime Telephone number

mannykeys10@gmail.com
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL

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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: River Run 47 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4737 NW 98 Place
Doral, FL 33178

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manny Mendez, PD Name and Title: _____

Address 4737 NW 98 Place Address: _____
Doral, FL 33178

Name and Title: Anet Ortiz, D Name and Title: _____

Address 9062 NW 193 Terr Address: _____
Miami, FL 33018

Name and Title: Valerie Ibarra Mendez, D Name and Title: _____

Address 16411 Blatt Blvd Address: _____
Weston, FL 33326

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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: Isaac C Franco
Address: 25 SE Second Ave Suite 407
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manny Mendez
Address: 4737 NW 98 Place
Doral, FL 33178

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.

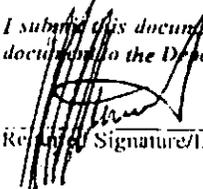


Required Signature/Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAY 17 AM 9:47
Date

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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

Date 5/9/24