

TRANSMITTAL LETTER

P98000064285

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

SUBJECT: RIEGO ASSOCIATES, INC.  
(Proposed corporate name - must include suffix)

700002593037--4

-07/20/98--01070--016

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00

☒ \$78.75

☐ \$122.50

☐ \$131.25

FROM:

MANUEL A. RIEGO

Name (printed or typed)

109 W. GENESSEE STREET

Address

TAMPA, FLORIDA. 33603

City, State & Zip

(813) 238-1514

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 20 AM 11:02

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

7-22  
WS

ARTICLES OF INCORPORATION  
OF  
RIEGO ASSOCIATES, INC

The undersigned, acting as incorporator of a corporation pursuant to chapter 607, Florida Statutes, adopts the following articles of incorporation :

ARTICLE I

The name of the Corporation shall be :

RIEGO ASSOCIATES, INC.

ARTICLE II

The principle place of business and the mailing address of this Corporation shall be :

109 W. GENESSEE ST TAMPA, FL. 33603

ARTICLE III

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is :

ONE THOUSAND ( 1,000 )

ARTICLE IV

The name and Florida street address of the initial registered agent are:

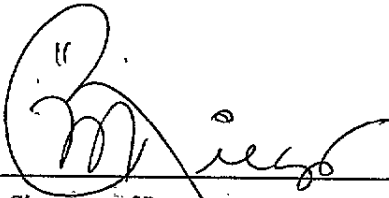
MANUEL A. RIEGO 109 W. Genessee st Tampa, Fl. 33603

ARTICLE V

The name and address of the incorporator to these articles of Incorporation are:

Manuel A. Riego 109 W. Genessee St Tampa, Fl 33603

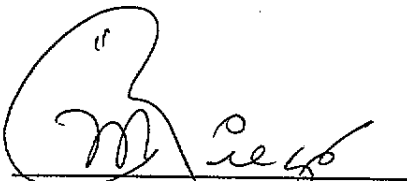
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98 JUL 20 AM 11:02

  
Signature of Incorporator

7-15-98

date

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

7-15-98

date

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RIEGO ASSOCIATES, INC.

2. The name and address of the registered agent and office is:

MANUEL A. RIEGO

(Name)

109 W. GENESSEE STREET

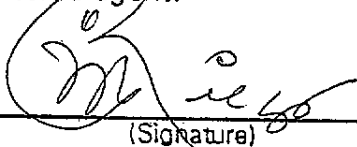
(P.O. Box not acceptable)

TAMPA FLORIDA. 33603

(City/State/Zip)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 20 AM 11:02

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

MANUEL A. RIEGO

REGISTERED AGENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL