

# N22000013069

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220003964863ABCT

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : REVEROS CORP.  
Account Number : 120190000040  
Phone : (305)507-8466  
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  
FUNDACION UNIVERSIDAD DEL VALLE INC

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

2022 NOV 21 PM 3:19

Nov 21 11:21

COVER LETTER

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

SUBJECT: FUNDACION UNIVERSIDAD DEL VALLE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: ZULMA RIVEROS  
Name (Printed or typed)

175 SW 7TH ST SUITE 1905  
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.**

2022 NOV 21 PM 2:11

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: FUNDACION UNIVERSIDAD DEL VALLE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>175 SW 7TH ST</u>	
<u>STE 1906</u>	
<u>MIAMI FL 33130</u>	

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The Universidad del Valle Foundation is a non-profit entity that through an agile, efficient and \_\_\_\_\_

transparent management of resources and through principles of social responsibility, \_\_\_\_\_

facilitates the development, modernization and internationalization of the Universidad del Valle; \_\_\_\_\_

for the economic, social and environmental benefit. \_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_ Shall be stated By: Law

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>GOMEZ, MARLON, PRESIDENT</u>	Name and Title:	<u>CANO, DIANA, TREASURER</u>
Address	<u>175 SW 7TH ST</u>	Address:	<u>175 SW 7TH ST</u>
	<u>STE 1906</u>		<u>STE 1906</u>
	<u>MIAMI, FL 33130</u>		<u>MIAMI, FL 33130</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

11:2:11

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

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

\_\_\_\_\_

\_\_\_\_\_

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: BCS BRICKELL CORPORATE SERVICES INC

Address: 175 SW 7TH ST, SUITE 1905

MIAMI FL 33130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARLON GOMEZ

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.)

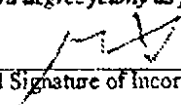
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

11/21/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

11/21/22  
Date