4000001208

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	,
-W/-	4924	

Office Use Only



700166359747

01/29/10--01005--024 **78.75

> AH IO: 03

RECEIVE

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Timiti imp I = 00 in o	
	Office Use Only
ORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):
RG SoLUTI	ONS TNC (Document #)
(corporation reality)	·
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up tim	ne 2 06 Certified Copy
Mail out Will wait	Photocopy
Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
PD 015/02 L/4/04/0	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2010

LAZARUS

SUBJECT: RG SOLUTIONS, INC Ref. Number: W10000004924

DEPARTMENT OF STATE
DEPARTMENT OF STATE
DEPARTMENT OF STATE
2010 FEB -9 PM 3: 45
2010 FEB -9 PM 3: 45

We have received your document for RG SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 510A00002501

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation:

ARTICLE I - NAME-

The name of the corporation shall be:

--- RG SOLUTIONS GROUP, INC.

ARTICLE II - PRINCIPAL OFFICE -

The principal business address of this corporation shall be:

--- 11477 SW 9 STREET FORT LAUDERDALE, FLORIDA 33325

The mailing address of this corporation shall be:

--- 11477 SW 9 STREET FORT LAUDERDALE, FLORIDA 33325

ARTICLES III - SHARES-

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

--- 100 Shares Common Stock, No Par Value

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

--- RAFAEL GOMEZ 11477 SW 9 STREET FORT LAUDERDALE, FLORIDA 33325 2010 FEB -9 AH 10: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES V - INCORPORATOR -

The name and street address of the incorporator to these Articles of Incorporation is:

--- RAFAEL GOMEZ 11477 SW 9 STREET FORT LAUDERDALE, FLORIDA 33325

The undersigned incorporator has executed these Articles of Incorporation this 28 Day of January, 2010

ARTICLES VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

--- Rafael Gomez, 11477 SW 9 St. Fort Lauderdale, Florida. 33325. President and Director

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agerit Signature

2010 FEB -9 AH 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA