

P150000 141379

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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Office Use Only

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J. SCOTT



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DIVISION OF REVENUE  
FEB 11 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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15 FEB 11 PM 12:23  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

January 20, 2015

RAMESSAR GOSINE  
3900 C 25, P.O. BOX 1221  
LADY LAKE, FL 32158-1221

SUBJECT: R G CO  
Ref. Number: W15000003766

We have received your document for R G CO 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 715A00001076

## COVER LETTER

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

SUBJECT: U S R. G. Co.  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: RAMESSAR Gosine  
Name (Printed or typed)

39900 C25, PO Box 1221  
Address

LADY LAKE FL. 32158-1221  
City, State & Zip

352-321-0931  
Daytime Telephone number

ramessar.gosine@icloud.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 NAME**

The name of the corporation shall be: U S R. G. Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

39900 C 25  
LADY LAKE  
FL. 32159

P O Box 1221  
LADY LAKE, FL.  
32158 - 1221

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Whole sale and Retail  
Sales of MOTOR Vehicles, Equipments - Light  
and Heavy, Import and Export Services, Real Estate  
Sales and Rentals, Storage Facilities, Vehicles  
Rentals and Repair's

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares of 1.00 per share

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

Name and Title: Ramessar Cossine. CEO. Name and Title: \_\_\_\_\_

Address 39900 C 25 PO Box Address: \_\_\_\_\_  
1221, LADY LAKE,  
FL. 32158-1221

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

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

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

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

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BIVENS  
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(conti.)

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:

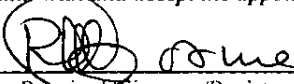
Name: RAMESSAR GOSINE  
Address: 39900 C 25  
Lady Lake, FL. 32159

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

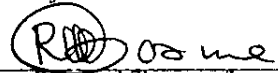
Name: Ramessar Gosine  
Address: 39900 C 25  
LADY Lake, FL. 32159

*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

2-6-15  
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

2-6-15  
Date