

P160000063422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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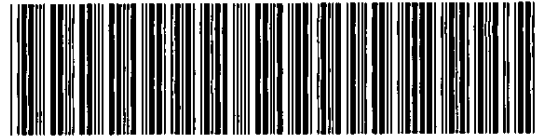
(Business Entity Name)

(Document Number)

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16 JUN 25 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1/16

## COVER LETTER

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

**SUBJECT:** R.G.R Benefits 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:** Sam Rodriguez  
\_\_\_\_\_  
Name (Printed or typed)

2340 n.w. 189 avenue  
\_\_\_\_\_  
Address

Pembroke Pines, Florida 33029  
\_\_\_\_\_  
City, State & Zip

954 441-7725  
\_\_\_\_\_  
Daytime Telephone number

samrodriguez@bellsouth.net  
\_\_\_\_\_  
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)

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**ARTICLE I NAME**

The name of the corporation shall be: R.G.R Benefits Corp.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different from principal office

2340 n.w. 189 avenue

Pembroke Pines, Florida 33029

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: home care labor services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Rossmary G. Rodriguez, President

Name and Title: Sam Rodriguez, Director

Address 2340 n.w. 189 avenue

Address: 2340 n.w. 189 avenue

Pembroke Pines, Florida 33029

Pembroke Pines, Florida 33029

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_ Name and Title: 16 JUN 25 PM 1:53  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sam Rodriguez  
Address: 2340 n.w. 189 avenue  
Pembroke Pines, Florida 33029

**ARTICLE VII INCORPORATOR**

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

Name: Rossmory G. Rodriguez  
Address: 2340 n.w. 189 avenue  
Pembroke Pines, Florida 33029

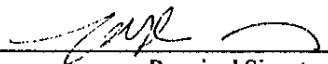
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business 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*

 07/20/2016  
Required Signature/Registered Agent 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.*

 07/20/2016  
Required Signature/Incorporator Date