

P16000071883

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W16-55243

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500288465615

08/01/16--01016--018 \*\*78.75

FILED  
2016 AUG 30 PM 5:02  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

**SUBJECT:** DSG ENTERPRISES INC

(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:** D. SCOTT GRANT

Name (Printed or typed)

36642 BLANTON ROAD

Address

DADE CITY, FL 33523

City, State & Zip

813-714-0755

Daytime Telephone number

SSNOOKER2@AOL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2016

D. SCOTT GRANT  
36642 BLANTON ROAD  
DADE CITY, FL 33523

SUBJECT: DSG ENTERPRISES INC  
Ref. Number: W16000055243

We have received your document for DSG ENTERPRISES 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 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 016A00016836

**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:

~~DSO ENTERPRISES INC~~

SCOTTY G ENTERPRISES INC \*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

36642 BLANTON ROAD

DADE CITY, FL 33523

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LEGAL FLORIDA BUSINESS. FIREARM TRAINING,

GUIDING AND MISC SALES.

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**ARTICLE IV SHARES**

100

The number of shares of stock is:

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

Name and Title: D SCOTT GRANT

Name and Title: CO-OWNER PRESIDENT

Address 36642 BLANTON RD

Address:

DADE CITY, FL 33523

Name and Title: JACQUELINE D GRANT

Name and Title: CO-OWNER VICE PRESIDENT

Address 36642 BLANTON RD

Address:

DADE CITY, FL 33523

Name and Title:

Name and Title:

Address

Address:

FILED

Name and Title: \_\_\_\_\_ Name and Title: 2016 AUG 30 PM 5:02  
Address: \_\_\_\_\_ Address: DEPARTMENT 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: D SCOTT GRANT  
Address: 36642 BLANTON RD  
DADE CITY, FL 33523

**ARTICLE VII INCORPORATOR**

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

Name: D SCOTT GRANT  
Address: 36642 BLANTON RD  
DADE CITY, FL 33523


**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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

7/26/16  
\_\_\_\_\_  
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

7/26/16  
\_\_\_\_\_  
Date