## P16000071883

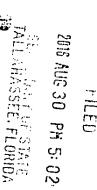
(Requestor's Name)					
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PICK-UP	WAIT .	MAIL			
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Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

SUBJECT: DSG EN	ITERPRISES INC					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO				
FROM:	SCOTT GRANT Name	e (Printed or typed)				
366	42 BLANTON ROAD					
	1	Address				
DA	DE CITY, FL 33523					
	City,	State & Zip				
813	-714-0755					
	Daytime Telephone number					
SSN	OOKER2@AOL.COM					
	E-mail address: (to be use	d for future annual report:	notification)			

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



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 titleinformation. 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 INCORFORATION In compliance with Chapter 607 and/or-Thapter 621, F.S. (Profit)

BLANTON ROAD  CITY, FL 33523  LEW PURPOSE Pose for which the corporation is organized is: NG AND MISC SALES.  ALL LEG 11 F .ORIDA BUSINESS. FIREARM TRAINING,  ORIDA BUSINESS AUGUSTAN AUGUST	LE II PRIN	ICIPAL OFFICE	
CLE IV SHARES Amber of shares of stock is:    CLE IV INITIAL OFFICERS AND/OR DIRECTORS   Address   Address	Principal street address		Mailing address, if different is:
CLE IV SHARES Interpret of shares of stock is:  CLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title:  Address  DADE CITY, FL 33523  Name and Title:  Address:  DADE CITY, FL 33523			
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CLE IV SHARES 100 mber of shares of stock is:  Name and Title:  DADE CITY, FL 33523  Name and Title:  Address  DADE CITY, FL 33523  Name and Title:			
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Address  DADE CITY, FL 33523  Name and Title:  Name and Title:  Name and Title:	Name and Ti	of stock is:  IAL OFFICERS AND/OR DIRECTO  IIe:  36642 BLANTON RD	DRS  Name and Title: CO OWNER PRESIDENT
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	Name and Ti Address  Name and Tit	IAL OFFICERS AND/OR DIRECTO  Ide: D SCOTT GRANT  36642 BLANTON RD  DADE CITY, FL 33523  Ic: JACQUELINE D GRANT  36642 BLANTON RD	DRS
	Name and Ti Address  Name and Tit	IAL OFFICERS AND/OR DIRECTO  tie: D SCOTT GRANT  36642 BLANTON RD  DADE CITY, FL 33523  Ic: JACQUELINE D GRANT  36642 BLANTON RD  DADE CITY, FL 33523	Pame and Title: CO-OWNER PRESIDENT Ame and Title: CO-OWNER DR PRESIDENT Address:
Address / ddress:	Name and Ti Address  Name and Tit Address	IAL OFFICERS AND/OR DIRECTO  Lic: D SCOTT GRANT  36642 BLANTON RD  DADE CITY, FL 33523  Ic: JACQUELINE D GRANT  36642 BLANTON RD  DADE CITY, FL 33523	Pame and Title: CO-OWNER DESIDER  / ddress:    Ame and Title: CO-OWNER DICS PRESS  / ddress:
	Name and Ti Address  Name and Tit Address	IAL OFFICERS AND/OR DIRECTO  Lic: D SCOTT GRANT  36642 BLANTON RD  DADE CITY, FL 33523  Ic: JACQUELINE D GRANT  36642 BLANTON RD  DADE CITY, FL 33523	Pame and Title: CO-OWNER DESIDER  / ddress:    Ame and Title: CO-OWNER DICS PRESS  / ddress:

FILEU

Name ar	nd Title:	Name and Title:	
Addres	S	Address:	TALL AHASSEE, FLORIDA
			49
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptate	ole) of the registered agent	is:
Name:	D SCOTT GRANT		
Address:	36642 BLANTON RD		
	DADE CITY, FL 33523		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		
Name:	D SCOTT GRANT	<del></del>	
Address:	36642 BLANTON RD		
	DADE CITY, FL 33523		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and offiling.)	. (OPT	IONAL) e business days prior or 90 business
Note: If the dat	te inserted in this block does not meet the appli effective date on the Department of State's rec		irements, this date will not be listed as
	amed as registered agent to accept service of p I am familiar with and accept the appointment		
	A / 2		7/26/16
	Required Signature/Registered Agen	t	Date
I submit this de	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	n are true. I am aware the efelony as provided for in	hat the false information submitted in a s.817.155, F.S.
</td <td></td> <td></td> <td>7/26/16</td>			7/26/16
Req	uired Signature/Incorporator		Daté