

P16000073248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

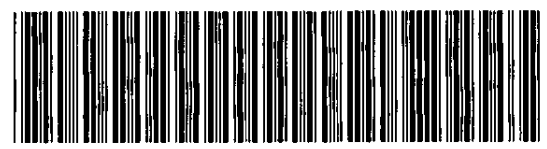
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/16--01021--009 **315.00

16 SEP - 8 PM 2:00

RECEIVED

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DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: RE R 4 STAR 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: HARUNUR RASHID MEAH
Name (Printed or typed)

27764 SE HWY 19
Address

OLD TOWN, FL 32680
City, State & Zip

850-371-2322
Daytime Telephone number

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

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

REMOVED
AND
FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 SEP -8 PM 2:31

ARTICLE I NAME

The name of the corporation shall be: RGR 4 STAR INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
27764 SE HWY 19
OLD TOWN, FL 32680

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HARUNUR RASHID MEAH Name and Title: PRESIDENT

Address 27764 SE HWY 19 Address: _____
OLD TOWN, FL 32680

Name and Title: GOLAM KAUSAR Name and Title: PRESIDENT

Address 27764 SE HWY 19 Address: _____
OLD TOWN, FL 32680

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: HARUNUR RASHID MEAH
Address: 27764 SE HWY 19
OLD TOWN, FL 32680

ARTICLE VII INCORPORATOR

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

Name: HARUNUR RASHID MEAH
Address: 27764 SE HWY 19
OLD TOWN, FL 32680

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

Hame Rashid
Required Signature/Registered Agent

09/08/16
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.

Hame Rashid
Required Signature/Incorporator

09/08/16
Date