

P1700W45668

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000140027 3)))



H170001400273ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RG DISC, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

****EFFECTIVE DATE: 5/22/17*****

17 MAY 23 PM 12: 16

BUREAU OF COMMERCIAL INFORMATION SERVICES

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 MAY 23 AM 8: 46

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: RG DISC, 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: Capitol Services - Corporate Filings Team

Name (Printed or typed)

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City, State & Zip

(800) 345-4647

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.

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: RG DISC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

6413 Astor Village Way #208

Orlando, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IC-DISC Commission

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bharat Nagpaul/CEO/Treasurer

Name and Title: Dipti Nagpaul/Secretary

Address: 6413 Astor Village Way #208

Address: 6413 Astor Village Way #208

Orlando, FL 32835

Orlando, FL 32835

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 MAY 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

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: Capitol Corporate Services, Inc.
 Address: 155 Office Plaza Dr Ste A
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: James R. Murphy
 Address: 3009 Post Oak Blvd. Suite 1800
Houston, TX 770567

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/22/2017 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf
 of Capitol Corporate Services, Inc. 05/23/2017
 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.

[Signature] Required Signature/Incorporator 5/22/17
 Date