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To:

Division of Corporations
Fax Number : (850)517-6381

From:

Account Name : KIJONNA SERVICES INC
Account Number : 126080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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-GO INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
2019 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: RG - GO 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

\$73.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ENNA DIEPPA
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI FL 33135
City, State & Zip

786-997132
Daytime Telephone number

KRISOENNA@YAHOO.COM
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 521, F.S. (Profit)

ARTICLE I NAME RG-GO INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
GONZALEZ RIVAS REGULO _____ 5570 NW 84 AVE _____
_____ MIAMI FL 33166 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL BUSINESS _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GONZALEZ RIVAS REGULO Name and Title: PRESIDENT
Address: 5570 NW 84 AVE Address: _____
LAMI FL 33166 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL.

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: GONZALEZ RIVAS REGULO
 Address: 5570 NW 84 AVE
MIAMI FL 33166

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GONZALEZ RIVAS REGULO
 Address: 5570 NW 84 AVE
MIAMI FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2019 (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

Gonzalez Rivas R _____ 05/01/2019
 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.

Gonzalez Rivas R _____ 05/01/2019
 Required Signature/Incorporator Date