

P24000043543

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

From: Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2024 JUN 27 PM 5:53
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
R T DISCOUNT BEVERAGES INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

COVER LETTER

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

SUBJECT: R T DISCOUNT BEVERAGES 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: MD MOSTAFIZUR RAHMAN
Name (Printed or typed)

438 RARDIN AVE

Address

PAHOKEE, FL 33476

City, State & Zip

305-364-5123

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: R T DISCOUNT BEVERAGES INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
438 RARDIN AVE 438 RARDIN AVE
PAHOKEE, FL 33476 PAHOKEE, FL 33476

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MD MOSTAFIZUR RAHMAN ,PD	Name and Title:	
Address	438 RARDIN AVE	Address:	
	PAHOKEE, FL 33476		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MD MOSTAFIZUR RAHMAN

Address: 438 RARDIN AVE

PAHOKEE, FL 33476

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MD MOSTAFIZUR RAHMAN

Address: 438 RARDIN AVE

PAHOKEE, FL 33476

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 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

<u><i>MD Mostafizur Rahman</i></u>	<u>06/27/2024</u>
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.

<u><i>MD Mostafizur Rahman</i></u>	<u>06/27/2024</u>
Required Signature/Incorporator	Date