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(Requestor's Name)					
(Ad	dress)				
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(Cit	y/State/Zip/Phone	(#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special instructions to	Filing Officer:				
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Office Use Only



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Talles WYB O & SOLL

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

SUBJECT:	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed is an original a \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee,		
FROM:	Dane Redon Name (856 Eagle C LAke Morey F, City 407-617-6706 Daytime?	Printed or typed) Chac Court Address L. 32746 C. State & Zip	SECREMANY OF STAFE FAULAHASSEE, FLORIDA	11 MAR = 8 精 2: 27	

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the cor	<u>NAME</u> poration shall be: International R	escue Serv	rices, Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 856 FAGLE CLAW COUNT LAKE MARY FLA 3274		Mailing address, if different is:
ho numose for wh	PURPOSE ich the corporation is organized is: se for which a 501(c)(3) d		I cencles Florida LAW.
	MANNER OF ELECTION The manner in w	which the directors are e	lected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR Christina Almquist 8.56 Engle Claw Lourt LA KB Mary FL. 32746 President	Name and Title:Address:	
Name and Titl Address:	e:	Name and Title:Address:	
Name and Titl Address:	e:	Address:	7
	REGISTERED AGENT		AF & TI
Name: Address: RTICLE VII	da street address (P.O. Box NOT acceptable) of the String A Almourst 2856 Royle Claw Kount LAKE MARY FLA 327.46 INCORPORATOR ess of the Incorporator is:		-8 M 2 27 MARY OF SIME ASSEE, FLORIDA
Name: Address: ving been named	ess of the Incorporator s: DANIEL RED 856 Eagle CLAW Count LAKE MANY FL. 32746 I as registered agent to accept service of process.		corporation at the place designated in t
tificate, I am fam	iliar with and accept the appointment as registered Required Signature of Registered Agent	d agent and agree to ac	
ubmit this docum	Required Symature of Registered Agent ent and affirm that the facts stated herein are tru I State constitutes a third degree felony as provide	e. I am aware that any	y false information submitted in a docume
Danie	Required Signature of Incorporator		3/8/11 Date