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COVER LETTER

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

SUBJECT: RELIABLE INTERNIENT SUPA (PROPOSED CORPORATE NAME - MUST INCLUDE	OF SERVICES INC
(Proposed Corpora 12 Name – <u>Must Inclul</u>	DE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
□ \$70.00 Filing Fee	© 878.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM: _	HANNAH MRANGOM GALLON
	Name (Printed or typed)
	P. O Box 1304
	Address
	MONTICELLO FL 32345
	City, State & Zip
	850284 2907
	Daytime Telephone number

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: Reliable Independent Support Services Incies P, D BOX 1304 Montice 1/4 Florida 323455 RTICLE III PURPOSE he purpose for which " ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: Independent Luciver Support Courdinator for Berson with doubly northed disabilities The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): HANNAH RANSOM GAllon-DANER P. OBOX 1304 Monticelly FL 32345 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: HANNAH KANSUM GALLON 390 MAPLE ST NIUNISCEILS EC 32344 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Hannah Ranson Gallon P1 D BOX 1904 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificale, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator