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SECRETARY OF STATE

COVER LETTER

P. O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **4**\$78.75 \$87.50 \$70.00 **\$78.75** Filing Fee & Certified Copy Filing Fee Filing Fee Filing Fee, & Certificate of Status **Certified Copy** & Certificate of Status ADDITIONAL COPY REQUIRED

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

305-206-0232 Daytime Telephone number

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: RNShommer, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 721 NE 203 Lane MIAMI FL 33179 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business of an in Home Indivian ce Giller. ARTICLE IV **SHARES** The number of shares of stock is: BD INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Kenande Deshommes 721 NE203 Cane NIAMI EL 33179 owner ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kenande Deshommes 21 NE203 Lane The name and address of the Incorporator is: Renande Deshommes 72ME203COM 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