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200 FEB -8 P 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB -9 2010
D. A. WHITE

COVER LETTER

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

SUBJECT: Reel HealthTech Solutions, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Debra M. Reel
6216 Flamingo Dr.
Apollo Beach, FL 33572
813-695-6262
reelhealthtech@earthlink.net



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)

FILED

ARTICLE I NAME

The name of the corporation shall be:
Reel HealthTech Solutions, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
6216 Flamingo Dr
Apollo Beach, FL 33572

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting services for healthcare and computer technology industries.

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Debra M. Reel, 6216 Flamingo Dr. , Apollo Beach, FL 33572, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Debra M. Reel
6216 Flamingo Dr.
Apollo Beach, FL 33572

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Debra M. Reel
6216 Flamingo Dr.
Apollo Beach, FL 33572

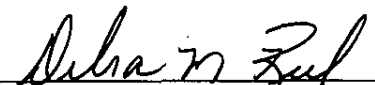
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



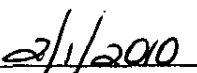
Signature/Registered Agent



Date



Signature/Incorporator



Date