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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE

Ps 7/12/11

COVER LETTER

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

SUBJECT: REUS CONSULTING & PROFESSIONAL ASSISTANCE, CORP. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED ZENIA MOREJON RAMOS FROM: Name (Printed or typed) <u>15913 SW 103 LN</u> MIAMI, FL 33196 City, State & Zip (786) 355-1203 Daytime Telephone number

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

reusconsulting@att.net
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE		10,000
41	Principal <u>street</u> address 5913 SW 103 LN		Idress, if different is:
	IAMI, FL 33196		
	DUBBACE		
RTICLE III For the purpose for wh	ich the corporation is organized is:		
CONSULTING	S AND PROFESSIONAL ASSI	STANCE	
RTICLE IV	SHARES		
ne number of share	es of stock is: 100		
RTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS	
	le:ZENIA MOREJON RAMOS, PRE	SIDENT Name and Title:	·
Address:	15913 SW 103 LN MIAMI, FL 33196	Address:	
Name and Tit	le:	Name and Title:	
Address:		Address:	
	- 		
			
Name and Title:	le:	Name and Title:	IT JUL
Address:			
orici e vi - i	REGISTERED AGENT		PM 1:21
	ida street address (P.O. Box NOT accep	table) of the registered agent is:	o o o o o o o o o o o o o o o o o o o
Name:	ZENIA MOREJON RAMOS	- · · · · · · · · · · · · · · · · · · ·	RATIO
Address:	15913 SW 103 LN		- ONS
	MIAMI, FL 33196		Ų.
	INCORPORATOR		
e <u>name and addr</u> Name:	ress of the Incorporator is:		
Address:	ZENIA MOREJON RAMOS. 15913 SW 103 LN		
Tradition.	MIAMI, EL 33196		
	•		
ving been namea s certificate. I am	l as registered agent to accept service of familiar with and accept the appointmen	process for the above statea corpo It as registered agent and agree to a	ranon at the place designated t ct in this capacity
,,			
	Teloup		07/06/2011
	Required Signature/Registered Ag	ent	Date
	reduned biginite of registered rig		
ubmit this docun	nent and affirm that the facts stated her		false information submitted in
	• •	rein are true. I am aware that the j	