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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: ReSet Solutions, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 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:

BOB LANE'S ACCOUNTING

Name (Printed or typed)

400 TOMPKINS STREET

Address

INVERNESS, FL 34450-4139

City, State & Zip

(352) 344-2888

Daytime Telephone number

brentjohnson@tampabay.rr.com

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

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 The name of the co	NAME rporation shall be: ReSet Solution	ns, Inc	FILED
ARTICLE II	PRINCIPAL OFFICE	. 13	Fig. 14: 134
_	Principal street address	Mailing addr	ress, if different is:
	BRENT S JOHNSON '		GRETARY OF STATE
_	NVERNESS, FL 34450-7382		LAMASSEE, FLORIDA
<u>.</u>	177277120071401700		
ARTICLE III The purpose for wh	PURPOSE nich the corporation is organized is:		
PROFESSION	IAL SERVICES AND SOLUTIONS	CONSULTING	
AND/OR ANY	OTHER BUSINESS OF A LAWFUL N	NATURE	-
ARTICLE IV The number of share	SHARES es of stock is: 500		
	INITIAL OFFICERS AND/OR DIREC		
Name and 11 Address:	tie: BRENT S. JOHNSON - PRESIDENT 8694 SAN RAMON COURT	Name and Title:	•
Address:	INVERNESS, FL 34450-7382	Address:	
N. 1777			
Name and Tr Address:	tle:	A _1 _1	
Address:			
	tle:		
Address:		Address:	
			
	REGISTERED AGENT rida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	BRENT S. JOHNSON		
Address:	8694 SAN RAMON COURT INVERNESS, FL 34450-7382	 .	
	117 211 200, 1 2 04400-1302		
ARTICLE VII	INCORPORATOR		
The name and add	<u>lress</u> of the Incorporator is:		
Name:	BRENT S JOHNSON		
Address:	8694 SAN RAMON COURT		
	INVERNESS, FL 34450-7382		
Having been name this certificate, I an	ed as registered agent to accept service of p n familiar with and accept the appointment	as registered agent and agree to ac	tion at the place designated in t in this capacity
N/W	T-S. Duca		1-2-2013
	T- S. Duco Required Signature/Registered Ager	nt	1-2-2013 Date
I submit this docu	ment and affirm that the facts stated herei		lse information submitted in a
document to the De	epartment of Stafe constitutes a third degree	e felony as provided for in s.817.155	5, F.S.
/ N a	11.	· · · · · ·	, 6
	1). XI lim		1-2-2013 Date
	Required Signature/Incorporator		Date