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(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone #/		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

_{SUBJECT:} Rel	uter Corporate S	ervices Inc.	LIDE CHEENV
	(FROPOSED CORPOR	ATE NAME + <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 o Status PPY REQUIRED
FROM: W	yoming Corpora	ate Services, I	nc.
110111.	Nam	e (Printed or typed)	
17	712 Pioneer Ave	•	
		Address	
C	heyenne, WY 82		
_	City	, State & Zip	
30	07-632-3333		
	Daytime '	relephone number	

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

tax@wyomingcompany.com
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) The name of the corporation shall be: Reuter Corporate Services Inc. ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, 1712 Pioneer Ave. Ste. 7000 Cheyenne, WY 82001 The purpose for which the corporation is organized is: Any lawful purpose ARTICLE III PURPOSE ARTICLE IV SHARES
The number of shares of stock is: 1,000,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:_______ Name and Title:______ Address: Address Name and Title:______ Name and Title:_____ Address: Address Name and Title:______ Name and Title:______ _____ Address: Address

Name and	d Title:	Name and Title:	—
Address		Address:	
<i>ARTICLE VI</i> The <u>name and Fl</u>	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Northwest Registered Agent LLC		
Address:	3030 N. Rocky Point Dr, STE 150A	4	
	Tampa, FL 33607	_	
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	DeAnna Montemayor	_	
Address:	1712 Pioneer Ave.	_	
	Cheyenne, WY 82001	_	
Having been nar this certificgte, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	ss for the above stated corporation at the place design egistered agent and agree to act in this capacity	ated in
10-1	Tom GloverAssistant Secreta	o8/14/2015	
	Required Signature/Registered Agent	Date	
I submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	e true. I am aware that the false information submitt ny as provided for in s.817.155, F.S.	ed in a
_ Wold	usul Moteman	08/14/2015	•
	Required Signature/Incorporator	Date	