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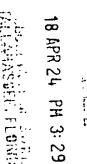
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COVER LETTER

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

SUBJECT: Reel 7	Telecommunication Services Holding,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filling Fee	· · · · · · · · · · · · · · · · · · ·	■ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY I		
FROM: _	athleen Diedrich Name 250 Barclay Blvd	e (Printed or typed)	
		Address	
Ві	uffalo Grove, IL 60089		
	City,	State & Zip	
(8	77) 894-0073		
_	Daytime T	elephone number	
lsr —	mith@reeltele.com		
	E-mail address: (to be use	d for future annual report r	iotification i

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 NAME The name of the corporat	ion shall be:	ion Services Holding, Inc.	······	
1501 C 21 - Compa	Principal street address		Mailing address, if different is:	
Fort Pierce, FL 34947				
		_		
ARTICLE III PURPO The purpose for which the	OSE to a he corporation is organized is:	ct as a holding company	<u> </u>	
				
	<u> </u>		APR 24	
			PH PH	
			3: 29 Langa	
·	L OFFICERS AND/OR DIRECTO Leslic Smith, President			
Address	1501 S 31st Street	Address:		
	Fort Pierce, FL 34947			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name and	l Title:	Name and Title:	
Address	 	Address:	
	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT and Leslie Smith	acceptable) of the registered agent is:	
Name:			
Address:	1501 S 31st Street		
	Fort Pierce, FL 34947		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		5'
Name:	Leslie Smith		16 16 16
Address:	1501 S 31st Street		APR 2
	Fort Pierce, FL 34947		
Effective date, if o	EFFECTIVE DATE: Other than the date of filing: ate is listed, the date must be specific	(OPTIONAL) c and cannot be more than five days prior	3: 29 3: 29
	inserted in this block does not meet th fective date on the Department of Stat	e applicable statutory filing requirements, thi e's records.	s date will not be listed as
Having been nam this certificate, I a	ed as registered agent to accept services on familiar with and accept the appoin	ce of process for the above stated corporation ntment as registered agent and agree to act in	n at the place designated in this capacity
	Required Signature/Registere	d Agent	Date
I submit this docu document to the	ument and affirm that the facts stated Department of State constitutes a third	l herein are true. I am aware that the false degree felony as provided for in s.817.155, F	information submitted in a .S.
Requir	ed Signature/Incorporator		Date