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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*"

Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION RELIABLE INSURANCE SOLUTION, INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Reliable Insurance Solution, Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 1440 SW 54 Ct MIGHI F1 3376
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ROSEMAK J ROVENTOS - PREJIDENY 80%. OSCAR PITCA - VICE PRESIDENT 20%.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
- RUSEIVICILY ROVENTO
19401 SW 94 COURT FB 3 176
APTICI DAY
ROSEMON POLICE TO Service and address of the Incorporator is:
MUCH SIN SIL COURT
MIGMI, 81 33176

EIN: 33-27/8577

Required Signatures:

3052201440

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

Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

, F. F.