

P03000096/60

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

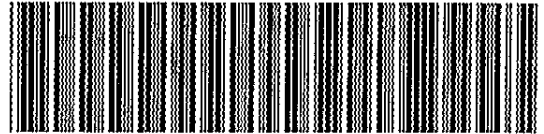
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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QB 9/3

TRANSMITTAL LETTER

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

SUBJECT: Integrity Medical Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Matt Doering

Name (Printed or typed)

8733 Boysenberry Drive

Address

Tampa, FL 33635

City, State & Zip

(813) 814-7500

Daytime Telephone number

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

Articles of Incorporation

In accordance with Chapter 607 and/or Chapter 621, F.S. (profit)

Article I Name

The name of the corporation shall be: Integrity Medical Solutions, Inc.

Article II Principal Office

The principal place of business/mailling address is: 8733 Boysenberry Drive, Tampa FL 33635

Article III Purpose

The purpose for which the corporation is organized is to provide orthopedic products to the medical community, or other business as deemed appropriate by the board of directors from time to time

Article IV Shares

The corporation shall be authorized to issue ten thousand (10,000) of common stock with a par value of \$.01 per share.

Article V Directors and Officers

The following are the initial Officers and Directors of the Corporation

Director and President – Matthew J. Doering

Article VI Registered Agent

The registered agent is: Matthew J. Doering
8733 Boysenberry Dr.
Tampa, FL 33635

Article VII Incorporator

The Incorporator is: Matthew J. Doering
8733 Boysenberry Dr.
Tampa, FL 33635

.....
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


Signature/Registered Agent

8-18-03
Date


Signature/Incorporator

8-18-03
Date

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03 AUG 28 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA