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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number

: (516)935~3088

LORIDA/FOREIGN LIMITED LIABILITY CO.

Integrity Business Investments LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Integrity Business Investments LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Utilice Address:		Mailing Address:	
5690 Talquin Avenue		5690 Talquin Avenue	
Pensacola, FL 32526		Pensacola, FL 32526	
			SEC SEC
ARTICLE III - Registered A The name and Florida street address	agent, Registered Office of the registered agent are:	æ & Registered Agent's Si	
	Robert Hazewin		ARY OF ASSEE, I
		Name	و بن∸
•	5690 Talquin Av	enue	:23
	(P.O. Box or M		
	•	fail Drop Box NOT Acceptable)	<u>, </u>
	Pensacola, FL 3	-	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Robert Hazewinke

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Hazewinkel-5690 Talquin Avenue, Pensacola, FL 32526
MGRM	Emily Hazewinkel- 5690 Talquin Avenue, Pensacola, FL 32526
MGRM	Steven Hazewinkel- 5690 Talquin Avenue, Pensacola, FL 32526
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Hazewinkel

Typed or printed name of signee

06 JUN -5 AM 9: 23
SECRETARY OF STATE
TALL AHASSEE, FLORIDA