

L08000056389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

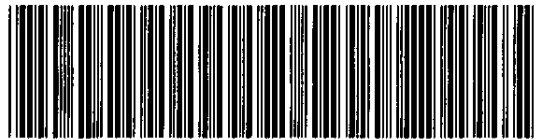
Special Instructions to Filing Officer:

A. LUNT

JUN 09 2008

EXAMINER

Office Use Only



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05/22/08--01033--022 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN -6 P 1:24

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2008

TIMOTHY SUSICH CPA, P.A.  
10689 N. KENDALL DR. STE 312  
MIAMI, FL 33176-1574

SUBJECT: INTEGRITY TECHNOLOGIES, LLC  
Ref. Number: W08000025656

We have received your document for INTEGRITY TECHNOLOGIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L06000049457.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 808A00032829

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SECRETARY OF  
TALLAHASSEE, FL

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**Timothy F. Susich, CPA, P.A.**

CERTIFIED PUBLIC ACCOUNTANT

June 3, 2008

Florida Department of State  
Division of Corporations  
**Attn: Agnes Lunt**  
Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, FL 32314

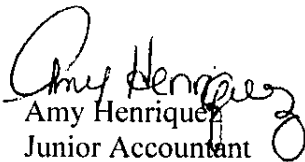
SUBJECT: INTEGRITY TECHNOLOGIES, LLC  
Ref. Number: W08000025656

Dear Mrs. Lunt:

We received your letter dated May 23, 2008 in reference to the above LLC. Attached please find the Articles of Organization for Florida Limited Liability Company, the name of the LLC has been change in the form to IN-TECHNOLOGIES, LLC. Please file the enclosed document.

If you have questions or any other corrections are needed in order to file please don't hesitate to contact us at (305) 596-4844.

Sincerely,



Amy Henriques  
Junior Accountant  
Timothy F. Susich, CPA, P.A.

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Integrity Technologies, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY SUSICH Timothy F. Susich, CPA, P.A.  
(Name of Person)

(Firm/Company)

10689 N. Kendall Dr, STE 312  
(Address)

Miami, FL 33176-1574  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

AJ Velazquez at 305 804-9887  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

IN~TECHNOLOGIES, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

390 Winter Ridge Blvd

Winter Haven, FL 33881

### Mailing Address:

390 Winter Ridge Blvd

Winter Haven, FL 33881

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Timothy F. Susich, CPA, P.A.

Name

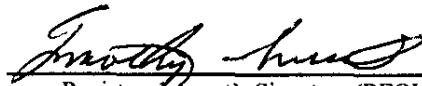
10689 N. Kendall Dr, STE 312

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33176-1574

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Angel J. Velazquez

390 Winter Ridge Blvd

Winter Haven, FL 33881

MGR \_\_\_\_\_

Lisa M. Velazquez

390 Winter Ridge Blvd

Winter Haven, FL 33881

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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TALLAHASSEE, FLORIDA

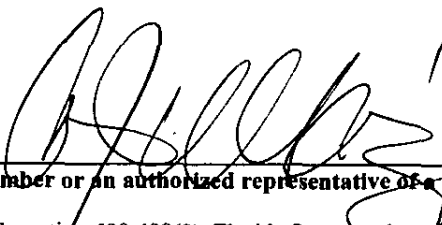
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an 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.)

Angel J. Velazquez

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**