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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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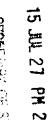


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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Integrity C.T.M. 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:				
Sandi McCloud Name of Person				
Integrity CTM Jirm/Company				
471 Long Pine Drive				
Tallahassee Fl. 32305				
City/State and Zip Code Sandi mc loud a uahoo. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sandi Mclad at (850) 980-8484 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		· ·
ARTICLE I - Name: The name of the Limited Liability Company is:		15 JUL 27 PH 2: 35
(Must end with the words "Climited Liability Con	Mpmiy, L.L.C.," or "LLC.")	SECRE HARY OF SIFEE TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:	
Principal Office Address:	Mailing Address:	
471 Long Pinc Deier Tallahassee Fl. 32305		·
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A		of.

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

another business entity with an active Florida registration.)

Sandi McCloud

Name

471 Long Pine Drive

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

Tallahassee F1. 32305

City State 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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE IV-		
The name and address of each person auth	corized to manage and control the Limited Lightlity	Gompany PM 2. 25
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	REMAY OF SPARE
AMBR	Sandi McClon 471 Long Pine D Tallahassee Fl	2 32307
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	cific and cannot be more that five business days peet the applicable statutory filing requirements, this	prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
	·	
REQUIRED SIGNATURE:	McClond	
This document is execute I am aware that any false	nber or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Flo information submitted in a document to the Depart felony as provided for in s.817.155, F.S.	rida Statutes.
700.000	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)