

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003014673)))



H160003014873ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305)633-9696

16 DEC -8 AMII: DI

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

Email Address	lmail.	Address	:
---------------	--------	---------	---

FLORIDA LIMITED LIABILITY CO.
INTEGRITY SOLUTIONS NE FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

17-9 143





ARTICLES OF ORGANIZATION OF INTEGRITY SOLUTIONS NE FLORIDA, LLC

ARTICLE I - NAME

The name of the limited liability company is:

INTEGRITY SOLUTIONS NE FLORIDA, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 2983 Savona Court Jacksonville, FL 32246 Mailing Address: 2983 Savona Court Jacksonville, FL 32246

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Christopher G. White 2983 Savona Court Jacksonville, FL 32246 16 DEC -8 AMII: 01

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.

Christopher G. White 2983 Savona Court Jacksonville, FL 32246

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Christopher G. White 2983 Savona Court Jacksonville, FL 32246

AMBR

Deirdre Y. White 2983 Savona Court Jacksonville, FL 32246

ARTICLE V - MANAGEMENT

The Limited Liability Company is to be managed by the Authorized Members. The Authorized Member shall carry out and further the decisions and actions of the Limited Liability Company and shall be authorized to execute on any and all reports, forms, consulting agreements, instruments, documents, papers, bank accounts, writings, agreements, and contracts, including but not limited to deeds, bills of sale, transfers, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate or beneficial to carry out or further such decisions or actions.

REQUIRED SIGNATURE:

Christopher G. White

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

REQUIRED SIGNATURE:	Mote
	Deirdre Y. White

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Christopher G. White Deirdre Y. White typed or printed name of signess