

L99000006948

INTEGRAS CAPITOL GROUP
952 OAKVIEW RD
TARPON SPRINGS FL 34689

300003008849--7
-10/07/99-01081-008
***285.00 ***125.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

FILED
99 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99-6948

Name Availability	<i>[Signature]</i>
Document Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Certificate of Status Verifier	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

- Walk in Pick up time
- Mail out Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 13, 1999

INTEGRAS CAPITOL GROUP
952 OAKVIEW ROAD
TARPON SPRINGS, FL 34689

SUBJECT: INTEGRAS CAPITOL GROUP
Ref. Number: W99000023634

99 OCT 22 AM 10: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for INTEGRAS CAPITOL GROUP and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 899A00049489

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *Integras Capital Group LLC*

ARTICLE II - Address:

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

*952 Oakview Rd
Tarpon Springs, FL 34689*

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: *perpetual*

FILED
99 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- 1- *Sandy Morris, 952 Oakview Rd, Tarpon Springs FL, 34689*
- 2- *Benny Morris, 952 Oakview Rd, Tarpon Springs FL, 34689*

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

- 1- *Sandy Morris, 952 Oakview Rd, Tarpon Springs FL, 34689.*
- 2- *Benny Morris, 952 Oakview Rd., Tarpon Springs FL, 34689*

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

NA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Sandy Morris 952, Oakview Rd,
TARPON SPRINGS, FL 34689

Benny Morris, 952 Oakview Rd,
TARPON SPRINGS, FL 34689

FILED
99 OCT 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sandy Morris

Signature of a member or an authorized representative of a member.

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

Sandy MORRIS

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Integras
Capitol Group LLC

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

Sandy Morris
NAME

952 Oakview Rd.
Florida street address (P. O. Box **NOT** ACCEPTABLE)

TARPON SPRINGS FL 34689
CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 22 AM 10:00

FILED

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.

Sandy Morris
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent