

P000000088371

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700003337067--7  
-03/18/00--01195--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: INTEGRITY INSURANCE BENEFITS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

JO-ANN AMWAY  
Name (Printed or typed)

155 ISLE OF VENICE STE 402  
Address

FT. LAUDERDALE, FLORIDA, 33301  
City, State & Zip

954-525-3440  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP 18 AM 1:02

FILED

NOTE: Please provide the original and one copy of the articles.

g 9/19

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

INTEGRITY INSURANCE BENEFITS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

155 ISLE OF VENICE STE 402  
FT. LAUDERDALE, FLORIDA 33301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING OF INSURANCE PRODUCTS

## ARTICLE IV SHARES

The number of shares of stock is: 2

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

JAN NICKERSON  
318 INDIAN TRACE #236  
WESTON, FLORIDA 33326

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JO-ANN AMWAY  
155 ISLE OF VENICE STE 402  
FT. LAUDERDALE, FLORIDA 33301

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Janice J. Nickerson  
Signature/Registered Agent

8/30/00  
Date

Jo-Ann Amway  
Signature/Incorporator

8/30/00  
Date

FILED  
00 SEP 18 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA