

PO10000958/6

TRANSMITTAL LETTER

FILED

01 OCT -1 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Integration Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004617961--S
-10/01/01--01052--004
*****78.75 *****78.75

Enclosed are 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: Ronald B Stinson
Name (Printed or typed)

18101 FAIRMEAD CT
Address

Lutz FL 33548
City, State & Zip

813 909 7015
Daytime Telephone number

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

2 Day
10/2/01

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

FILED

01 OCT - / PM 12: 21

SECRETARY OF STATE.
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Integration Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address is:
**18101 Fairmead Ct.
Lutz, Florida 33548**

ARTICLE III PURPOSE

The purpose for with the corporation is organized is:
To provide Technical Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:
100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), title(s), and addresses:

**Ronald B. Stinson
President/CEO
18101 Fairmead Ct.
Lutz, FL 33548**

**Angela R. Stinson
Vice-President, Secretary, and Treasurer
18101 Fairmead Ct.
Lutz, FL 33548**

ARTICLE VI REGISTERED AGENT

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

**Angela R. Stinson
18101 Fairmead Ct.
Lutz, FL 33548**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Ronald B. Stinson
18101 Fairmead Ct.
Lutz, Florida 33548**

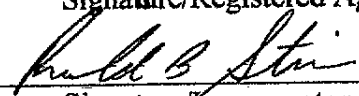
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent



Date



Signature/Incorporator



Date