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TRANSMITTAL LETTER

FILED

01 OCT 12 PM 12:58

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004634841--2
-10/12/01-01053-015
*****87.75 *****87.75

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

100004634841--2
-10/12/01-01053-015
*****87.50 *****87.50

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: Cynthia J. Petito
Name (Printed or typed)

10,000 Gate Parkway North #2113
Address

Jacksonville, FL 32246
City, State & Zip

904-514-2007 (Fax-904-641-2007)
Daytime Telephone number

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

✓
C. BLALOCK OCT 15 2001

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Integrative Mobility Solutions, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10,000 Gate Parkway North #2113
Jacksonville, FL. 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a service of evaluating wheelchair mobility and other assistive technology needs.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Cynthia J. Petito, President
10,000 Gate Parkway North #2113
Jacksonville, FL. 32246

ARTICLE VI REGISTERED AGENT

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

Cynthia J. Petito
10,000 Gate Parkway North #2113
Jacksonville, FL. 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia J. Petito
10,000 Gate Parkway North #2113
Jacksonville, FL. 32246

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

Cynthia J. Petito
Signature/Registered Agent

Cynthia J. Petito

10-9-01

Date

Cynthia J. Petito
Signature/Incorporator

Cynthia J. Petito

10-9-01

Date