

P02000000235**Florida Department of State**

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0361

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850) 224-8870

Fax Number : (850) 222-1222

02 JAN 23 PM 2:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**FLORIDA PROFIT CORPORATION OR P.A.****INTEGRA SOLUTIONS GROUP, INC.**

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ARTICLES OF INCORPORATION
OF
INTEGRA SOLUTIONS GROUP, INC.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **INTEGRA SOLUTIONS GROUP, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 900 39th Ave. NE, St. Petersburg, FL 33703.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Monica Mena**, 6826 15th Avenue North, St.Petersburg, Florida 33710.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 23rd day of January 2002.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"

Stacey Leggett

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CERTIFICATE OF DESIGNATION
REGISTERED AGENCY/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Integra Solutions Group, Inc.
2. The name and street address of the registered agent and office is:

Monica Mena
6826 15th Avenue North
St. Petersburg, Florida 33710

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT OF 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.


Monica Mena

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