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CORPORATION NAME(S) & DOCUMENT	'NUMBER(S) (if known):	
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1. MTEGRITY INC. (Corporation Name)	(Document #)	
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Other

Examiner's Initials

CR2E031(9/92)

## ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINES CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

## ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MTEGRITY, INC.



## ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

## 605 GLENRIDGE RD. KEY BISCAYNE, FLORIDA 33149

#### ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 SHARES OF COMMON STOCKS; \$1.00 PAR VALUE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

NORBERTO MENENDEZ 605 GLENRIDGE RD. KEY BISCAYNE, FLORIDA 33149

#### ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

NORBERTO MENENDEZ 605 GLENRIDGE RD. KEY BISCAYNE, FLORIDA 33149

## ARTICLE VI DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

NORBERTO MENENDEZ
PRESIDENT, SECRETARY, TREASURER
605 GLENRIDGE RD
KEY BISCAYNE, FLORIDA 33149

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of SEPTEMBER of 2002.

SIGNATURE OLL ON MENENDEZ

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE.

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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. Th	e name of the corporation is: MTEGRITY, INC.	
2. Th	e name and address of the registered agent and office is:	
NAME:	NORBERTO MENENDEZ	SECR
ADDRESS	(P.O. Box not acceptable)  KEY BISCAYNE, FLORIDA 33149  (City/State/Zip Code)	ETARY OF STATE
OF PROC DESIGNA	BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE TED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. IN 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.

> **SIGNATURE** DATE 2002