P02000129211

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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vorjian

12-09-02

TRANSMITTAL LETTER

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

SUBJECT:	Integrity Who	legale INC.			
SUBJECT: LN feyi to Wholegale INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
T		6			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00	□ \$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
Ü	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
ADDITIONAL COPY REQUIRED					
FROM: John A. DASS Name (Printed or typed)					
Name (Printed or typed)					
0 a box 15 10 C					
P:0. Dox 15108					
, Names					
SARASOTA, FI. 34277					
)ARAS 07 [4] 1. 342 47 City, State & Zip					
2 <i>3</i> 9-					
991-939-2244					
Daytime Telephone number					

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



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 6, 2002

JOHN A BASS PO BOX 15108 SARASOTA, FL 34277

SUBJECT: INTEGRITY WHOLESALE, INC.

Ref. Number: W02000031827

We have received your document for INTEGRITY WHOLESALE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 502A00060657

Tim Burch Document Specialist New Filing Section

District CO 11 DO DOVI 6007 B H I B 11 9001

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:	t et
In TEGRITY Whole sale, - ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Inc.
	18 Clevland Ave , South
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	T. MYERS, F1. 33707
RETAIL & Wholesale product.	S
ARTICLE IV SHARES The number of shares of stock is:	· · · · ·
The name(s), address(es) and title(s): John A, Bass	2002 DEC -9 PM 1: 40
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
ARTICLE VII INCORPURATOR 33909	<u>-</u> .
The <u>name and address</u> of the Incorporator is: . John A, 13455	· -
******* Ay Elevand Ave. South	
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and ag	
	11-1-0002
Signature/Registered Agent STAM BACS	Date