

PO8000085750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

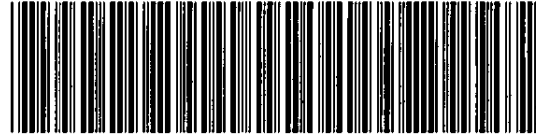
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 SEP 16 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: INTEGRITY MITIGATION SERVICES, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CAROLYN KRUSE
Name (Printed or typed)

16179 SE 15 STREET
Address

OCKLAWAHA, FL 32179
City, State & Zip

(352) 207-1656
Daytime Telephone number

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

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:

INTEGRITY MITIGATION SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

16179 SE 15 STREET OCKLAWAHA, FL 32179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE MITIGATION SERVICES AS A BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CAROLYN KRUSE 16179 SE 15 STREET OCKLAWAHA, FL 32179 -----> PRESIDENT

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

CAROLYN KRUSE 16179 SE 15 STREET OCKLAWAHA, FL 32179

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CAROLYN KRUSE 16179 SE 15 STREET OCKLAWAHA, FL 32179

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Carolyn Kruse
Signature/Registered Agent

09/12/2008
Date

Carolyn Kruse
Signature/Incorporator

09/12/2008
Date