P11000011787

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



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VISION OF CONTRACT

COVER LETTER

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

SUBJECT:	INTEGRATED TRAINING SERVICES (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	Inc				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 \$78.75					
FROM:	JEFFREY A HELMS Name (Printed or typed)	-				
S650 ANSLEY WAY Address						
MOUNT DORA, FL 32757 City, State & Zip						
-	Daytime Telephone number Jahelms 525 & prodigy. net E-mail address: (to be used for future ahnual report potification)	TIVISION OF ST				

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)

The name of the corpor	ME ation shall be: IN +EGRATED	TRAINING	SCRVICES, InC.		
	Principal office Principal street address 5050 Ansley Luay mount Dolla, fl 32757		uiling address, if different is:		
The purpose for which	RPOSE the corporation is organized is: EN-FORCEMENT TRAINING	S'EMINA'R	.5`		
The number of shares of	· -				
Name and Title:	THAL OFFICERS AND/OR DIRECTORS JEFFREY A. HELMS MCS100 5650 ANSLLY WAY MOUNT DORA, FC 32757	Name and Title:			
Name and Title: Address:					
Name and Title: Address:		A .J.J	20 EX		
	GISTERED AGENT				
The <u>name and Florida</u> Name: Address:	SETTREY A HELMS SESO ANSLEY WAY MUUNT DORA FL 3275		7 AM		
ARTICLE VII IN	CORPORATOR		9. 7 <u>%</u> 3		
The <u>name and address</u> Name: Address:		7	33 33		
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					
	Required Signature/Registered Agent		2/15/11 Date		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
tel	A HALL	_ -	2/15/11 Date		