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(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 JUN -3 PM 4:28

RECEIVED JUN -3 PM 4:48

FILED

T. Burch JUN 6 2011

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INTERGRATED BIO DELIVERY SUSTEMS

, INC.

Signature _____

Requested by: SETH

06/03/11 11:00

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: INTERGRATED BIO DELIVERY SYSTEMS, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOSEPH P. DOXEY

Name (Printed or typed)

18171 181ST CIRCLE SOUTH

Address

BOCA RATON, FL 33498

City, State & Zip

561-271-4777

Daytime Telephone number

JDoxeyintl@att.net

E-mail address: (to be used for future annual report notification)

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: INTERGRATED BIO DELIVERY SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
18171 181st Circle South
Boca Raton, FL 33498

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose for which this corporation is organized is to develop, manufacture, sell and distribute purified water and dispensing equipment relating thereto and transact any lawful business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: The aggregate number of shares which the corporation have authority to issue shall be fifty million (50,000,000) common shares with a par value of \$.00001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph P. Doxey, Chairman, President & CEO
Address: 18171 181st Circle South
Boca Raton, FL 33498

Name and Title: _____
Address: _____

Name and Title: Dennis Boudreaux, Sec. & COO
Address: 18171 181st Circle South
Boca Raton, FL 33498

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

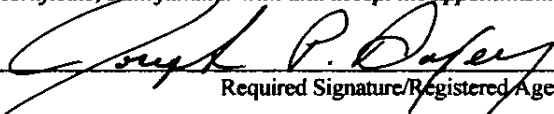
Name: Joseph P. Doxey
Address: 18171 181st Circle South
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

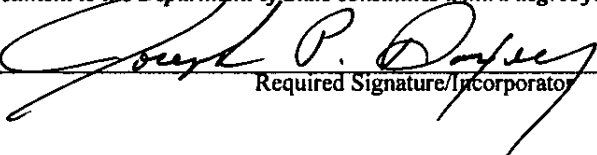
Name: Joseph P. Doxey
Address: 18171 181st Circle South
Boca Raton, FL 33498

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

6-2-11
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.


Required Signature/Incorporator

6-2-11
Date

FILED
JUN -3 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA