

P11000066569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

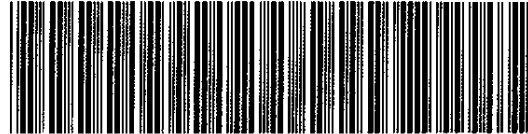
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Eric Calafena GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Corporation name  
DATE 7/25/11  
DOC. # MRD

Office Use Only



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07/22/11--01021--021 \*\*87.50

FILED  
11 JUL 22 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
7/25

## COVER LETTER

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

SUBJECT: Integrity Transport <sup>plus,</sup> 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: ERIC CALAFORRA  
Name (Printed or typed)  
250 Aladdin St  
Address  
DPA-LOCKA, FL 33054  
City, State & Zip  
786-488-3235  
Daytime Telephone number  
calaeriz@gmail.com  
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:

Integrity Transport Plus, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

250 Aladdin St  
OPA-LOCKA, FL 33054

Mailing address, if different is:

250 Aladdin St  
OPA LOCKA, FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Vehicle transport

**ARTICLE IV SHARES**

The number of shares of stock is:

Sixty

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ERIC P. CALABRERA

Address: 250 Aladdin St  
OPA LOCKA, FL 33054

Name and Title:

Address:

Name and Title:

Address:

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: ERIC P. CALABRERA

Address: 250 Aladdin St  
OPA LOCKA, FL 33054

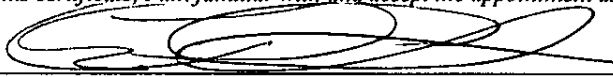
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIC P. CALABRERA

Address: 250 Aladdin St  
OPA-LOCKA, FL 33054

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

07/20/2011  
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

07/20/2011  
Date

FILED  
11 JUL 22 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA