

P12000032756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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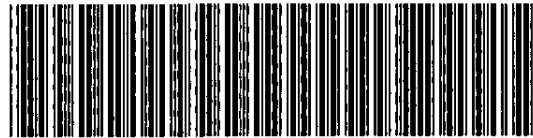
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -4 PM 12:43

PS 4/5/12

COVER LETTER

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

SUBJECT: Integrity Personal 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: David Thrift

Name (Printed or typed)

5061 Broadway Ave.

Address

Jacksonville, Florida 32254

City, State & Zip

(904) 485-2603

Daytime Telephone number

DavidThrift1978@yahoo.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 PERSONAL SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**5061 Broadway Ave.
Jacksonville, Florida 32254**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **All legal purposes**

ARTICLE IV SHARES

The number of shares of stock is: **100 shares at no par value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **David Thrift, President** Name and Title: _____
Address: **5061 Broadway Avenue** Address: _____
Jacksonville, Florida 32254

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

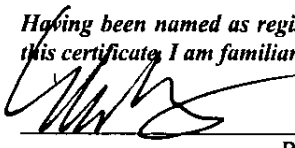
Name: **Neil L. Weinreb, Esquire**
Address: **233 E. Bay St., Suite 901
Jacksonville, Florida 32202**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **David Thrift**
Address: **5061 Broadway Ave.
Jacksonville, Florida 32254**

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

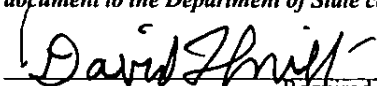


Required Signature/Registered Agent

4/2/2012

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

4/2/2012

Date

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