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PBC	0020989
(Requestor's Name) (Address)	
(Address)	300245090173
(City/State/Zip/Phone #)	03/05/1301007027 **79.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	DIVISION OF 13 MAR -5
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	Ps 3/6/13

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. COVER LETTER

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

INTEGRITY FINANCIAL AND ACCOUNTING, INCORPORATED SUBJECT: (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

S78.75 Filing Fee	1
& Certified Copy	

\$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: JOHN SYNF

5439 11TH AVE.

Address

FORT MYERS, FLORIDA 33907

City, State & Zip

Daytime Telephone number

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

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

CLEI NAI	In compliance with Chapter 607 and/			DIVISION	RYO
me of the corpora		AND ACCOU	INTING, INCOF	RPORATED"	CORI
CLE II PRI	NCIPAL OFFICE			13 MAR -5	PM
9 11TH A	Principal <u>street</u> address		Mailing address, if	different is:	
	S, FLORIDA 33907				
CLE III PUR	POSE he corporation is organized is:		iness of finar	ncial service a	and
rpose for which t	he corporation is organized is:				
· · · · ·	·····	· · · · · · · · · · · · · · · · · · ·	·····		
Name and Title	TAL OFFICERS AND/OR DIRECTOR	Name and Title		R,SECRETA	RY
mber of shares of	stock is:		5439 11TI	<i>ler</i>	
mber of shares of C LE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOR JOHN SYNDER, PRES. 5439 11TH AVE. FORT MYERS, FLORIDA 33907	Address:	5439 11TI	HAVE.	907

			(conti.) FILED SECRE TARY OF STAT DIVISION OF CORPORAT
Name and Title:		 Name and Title:	13 MAR -5 PM 1:5
Address	<u></u>	 Address:	······································
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JOHN SYNDER Sayder

Address: 5439 11TH AVE. FORT MYERS,FLORIDA 33907

ARTICLE VII INCORPORATOR

The <u>name and add</u>	tress of the Incorporator is:
Name:	JOHN SYNDER SNYDEr
Address:	5439 11TH AVE.
	FORT MYERS, FLORIDA 33907

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

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