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8/30/13

## COVER LETTER

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

SUBJECT: Integrity Bookkeeping & Management, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

FROM: Sherri L. Loeffelholz  
Name (Printed or typed)  
19401 Everton Place  
Address  
Land O' Lakes, FL 34638  
City, State & Zip  
813-416-7114  
Daytime Telephone number  
sloeffel77@gmail.com  
E-mail address: (to be used for future annual report notification)

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**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 Bookkeeping & Management, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

19401 Everton Place

Land O' Lakes, FL 34638

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide bookkeeping and property management services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Sherri L. Loeffelholz, President

Name and Title: \_\_\_\_\_

Address 19401 Everton Place

Address: \_\_\_\_\_

Land O' Lakes, FL 34638

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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:

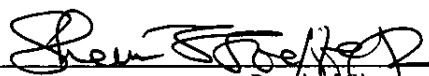
Name: Sherri L. Loeffelholz  
Address: 19401 Everton Place  
Land O' Lakes, FL 34638

**ARTICLE VII INCORPORATOR**

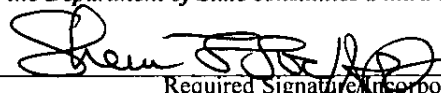
The name and address of the Incorporator is:

Name: Sherri L. Loeffelholz  
Address: 19401 Everton Place  
Land O' Lakes, FL 34638

*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*

 8/23/2013  
Required Signature/Registered Agent Sherri L. Loeffelholz 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.*

 8/23/2013  
Required Signature/Incorporator Sherri L. Loeffelholz Date

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