

P15000068724

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

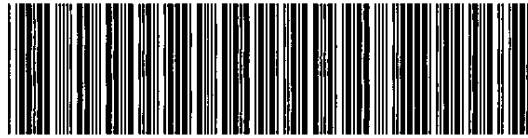
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Certificates of Status ☒

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~~W15-52402~~

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FILED  
2015 AUG 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 18 2015

~~199-191~~ 1671

## COVER LETTER

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

**SUBJECT:** Integral T and T 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Livan Rojas

\_\_\_\_\_  
Name (Printed or typed)

8760 NW 97th Avenue #206

\_\_\_\_\_  
Address

Medley, FL, 33178-2594

\_\_\_\_\_  
City, State & Zip

305 582-1103

\_\_\_\_\_  
Daytime Telephone number

ursula.hidalgo.j@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED AUG 17 2015

August 4, 2015

LIVIAN ROJAS  
8760 NW 97TH AVE, #206  
MEDLEY, FL 33178-2594

SUBJECT: INTEGRAL T AND T SERVICES, INC.  
Ref. Number: W15000052402

We have received your document for INTEGRAL T AND T SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 815A00016334

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
2015 AUG 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Integral T and T Services, inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8760 NW 97th Avenue #206

Midley FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transportation and Interpretation Services

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Livan Rojas, President

Name and Title:

Address 8760 NW 97th Avenue #206

Address:

Medley, Fl 33178

Name and Title: Felipe Hidalgo, CEO

Name and Title:

Address 8760 NW 97th Avenue # 206

Address:

Medley, Fl 33178

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: Livan Rojas

Address: 8760 NW 97th Avenue #206

Midley Fl 33178

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Livan Rojas

Address: 8760 NW 97th Avenue #206

Midley Fl 33178

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

07/24/2015

\_\_\_\_\_  
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

07/24/2015

\_\_\_\_\_  
Date