

P1600078188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

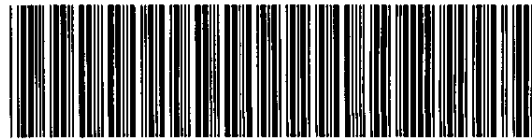
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16 SEP 22 PM 4:50  
TALLAHASSEE, FLORIDA

T. BURCH

SEP 26 2016

## COVER LETTER

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

**SUBJECT:** Integrity Cabinetry and Millwork 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:** Nicholas J. Otteson  
Name (Printed or typed)  
  
365 Crest St.  
Address  
  
Sanford, Fl. 32771  
City, State & Zip  
  
407-402-2561  
Daytime Telephone number  
  
inc.inc12@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 Cabinetry and Millwork Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5326 McIntosh Point  
Sanford, Fl. 32773

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull buisness.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Nicholas J. Otteson, President

Address 365 Crest St.  
Sanford Fl. 32771

Name and Title: Lance T. Warren, Vise President

Address: 415 Doyle Rd.  
Osteen, Fl. 32764

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Nicholas J. Otteson

Address: 365 Crest St. Sanford, Fl. 32771

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Nicholas J. Otteson

Address: 365 Crest St. Sanford, fl 32771

\_\_\_\_\_

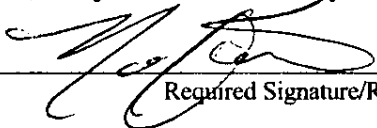
**ARTICLE VIII EFFECTIVE DATE:**

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

9-16-16

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

9-16-16

Date

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE