

P18000000273

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2018 JAN -2 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN -3 2017  
C Kinsey

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**COVER LETTER**

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

**SUBJECT:** INTEGRAL MARKETING COMPANY  
(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:** WADE NELSON  
Name (Printed or typed)

112 HALLMARK COURT  
Address

LAKE MARY FL 32746  
City, State & Zip

407 - 840 - 5777  
Daytime Telephone number

WNELSON@INTEGRALMARKETINGCOMPANY.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: INTEGRAL MARKETING COMPANY

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

112 HALLMARK COURT  
LAKE MARY, FLORIDA 32746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDES HEALTH BENEFITS  
TO AMERICANS TO HELP THEM SAVE TIME AND  
MONEY. WE PROVIDE VALUE TO AMERICAN  
FAMILIES THROUGH TECHNOLOGY AND EASY  
ACCESS TO BENEFITS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WADE NELSON CEO Name and Title: \_\_\_\_\_

Address: 112 HALLMARK CT Address: \_\_\_\_\_

LAKE MARY FL  
32746

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JAN -2 PM 12:58

FILED

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

Address: \_\_\_\_\_ 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: WADE NELSON

Address: 112 Hallmark Ct  
Lake Mary, Florida 32746

**ARTICLE VII INCORPORATOR**

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

Name: Wade Nelson

Address: 112 Hallmark Ct  
Lake Mary, FL 32746

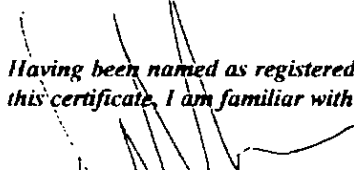
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-1-2018 (OPTIONAL)

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

12-28-2017  
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

12-28-2017  
Date