Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

2020 AUG 14 AM 12: 44

FLORIDA PROFIT/NON PROFIT CORPORATION Imtegrit Inc.

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

| ARTICLE II PRINCIPAL OFFICE | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|--|
| Principal <u>street</u> address | Mailing address, if different is: | | |
| 7901 4th St N | 7901 4th St N STE 300 St. Petersburg FL 33702 | | |
| STE 300 | | | |
| St. Petersburg FL 33702 | | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful | | | |
| | | | |
| | | 2020 AUG | |
| ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | AUG IL AM 12: LL AHASSEE, FLORIO | |
| Name and Title: | Name and Title: | | |
| Address | Address: | | |
| Name and Title:Address | Address: | | |
| | Name and Title: | | |
| Name and Title:Address | | | |

| Name and Title: | | Name and Title: | | |
|------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|--|
| Address | | Address: | | |
| | | _ | | |
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| | | | | |
| ADTICLE VI | REGISTERED AGENT | | | |
| The name and I | Inrida street address (P.O. Box NOT acceptable) | of the registered agent is: | S. 28 | |
| Name: | Registered Agents Inc. | | | |
| Address: | 7901 4th St N STE 300 | | ZUZU AUG IL | |
| Address. | St. Petersburg FL 33702 | | AUG IL AMI | |
| | | | AMIZ: LL | |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | 시 <u>간</u> 스마 투 | |
| The name and | address of the Incorporator is: | | | |
| Name: | Riley Park | <u> </u> | | |
| Address: | 7901 4th St N STE 300 | <u> </u> | | |
| | St. Petersburg FL 33702 | | | |
| E a | I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and can | OPTIONAL . (OPTIONAL not be more than five days | L) prior or 90 days after the | |
| Note: If the da | ate inserted in this block does not meet the applicate effective date on the Department of State's record | ole statutory filing requirements. | its, this date will not be listed as | |
| Having been n this certificate. | amed as registered agent to accept service of proc I am familiar with and accept the appointment as | ess for the above stated corpores registered agent and agree to | oration at the place designated in act in this capacity | |
| Buch | Bill Havre | - Assistant Secretary | 8/14/20 | |
| <u>-</u> | Required Signature/Registered Agent | | Date | |
| I submit this d document to th | locument and affirm that the facts stated herein on the Department of State constitutes a third degree fe | ire true. I am aware that the lony as provided for in s.817. | false information submitted in a 155, F.S. | |
| | 71 | | 8/14/20 | |
| Rec | quired Signature/Incorporator | | Date | |