

PAN 000028850

TRANSMITTAL LETTER

FILED

97 MAR 31 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

CONSULTING
INTEGRATION INC

(Proposed corporate name - must include suffix)

700002118407--5

-03/19/97--01112--007

****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00

Filing Fee

☐ \$78.75

Filing Fee
& Certificate

☒ \$122.50

Filing Fee
& Certified Copy

☐ \$131.25

Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

MICHAEL W. CRAIG

Name (Printed or typed)

8700 N. 50th STREET #804

Address

TAMPA, FLORIDA 33617

City, State & Zip

(813) 989-8387

Daytime Telephone number

**Call when filed*
813) 899-6084
FAY - WFF
6851
PH
3/31/97

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Copy of Original.
Michael Craige
8/27/97.

March 25, 1997

MICHAEL W. CRAIGE
8700 N 50TH ST #804
TAMPA, FL 33617

SUBJECT: INTEGRATION INCORPORATED
Ref. Number: W97000006851

NEW PROPOSED NAME!
~~INTEGRATION CONSULTING~~
INTEGRATION CONSULTING INC.

We have received your document for INTEGRATION INCORPORATED and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 697A00014967

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

~~INTEGRATION INCORPORATED~~
INTEGRATION CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8700 N. 50th STREET #804
TAMPA, FLORIDA 33617

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100) no par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL CRAIGE
8700 N. 50th STREET #804
TAMPA, FLORIDA 33617.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- MICHAEL CRAIG
8700 N. 80TH STREET #804
TAMPA, FLORIDA 33617

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of JANUARY, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is ~~INTEGRATION INC.~~
INTEGRATION CONSULTING INC.


2. The name and address of the registered agent and office is:

MICHAEL CRAIGE
(NAME)

8700 N. 50th STREET #804
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

TAMPA, FLORIDA 33617
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

1/13/97
(DATE)