PRODUZEG60

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

SUBJECT:	Integrity Bus:	iness Services, I	Inc.	_
	(Froposed corp.		-00002469 -03/26/980 *****78.75	261-)10640 ******7
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a c	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	William Name (F. Thomas Printed or typed)	· · .	-
	P. O. Box 560154	Address	SEC.))
<u>-</u>	Orlando, Fl 3285 City	7, State & Zip	SECRETARY OF STATE AULAHASSEE, FLORID	
	Daytime	Telephone number	2F 2F	į

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

NOTE: $\frac{307}{300}$

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Integrity Business Services, Inc.

98 MAR 26 PM 12: 54 SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

2304-B Winter Woods Blvd., Winter Park, Fl 32792

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

William F. Thomas 3037 Eglington Drive Orlando, FL 32806

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

William F. Thomas P. O. Box 560154 Orlando, FL 32856

Signature/Incorporator

Data

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

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/Registered Agent

Date