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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Eiling Officer  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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#### **COVER LETTER**

| TO:          | Registration Sect<br>Division of Corpo  |  |   |   |  |
|--------------|---|--|---|---|--|
| SUBJE        |   | fy Integrated Consulting, LLC                                |   |   |  |
| GODGE        |   | Name of  | Limited Liability                         | Company   |  |
|              |   |  |   | ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.                    |  |
| Please       | return all correspond   | lence concerning this matter to the                          | following:                                |   |  |
|              | Ryan E.   | Scharar  |   |   |  |
|              |   | 7  | lame of Person                            |   |  |
|              | Scharar I   | aw Firm, PC  |   |   |  |
|              | <del></del>   | F  | firm/Company                              |   |  |
|              | 100 E. 15   | 5th Street, Ste 350  |   |   |  |
| Address      |   |  |   |   |  |
|              | Fort Wor  | th, Texas 76102  |   |   |  |
|              | <del></del>   | City/State and Zip Code                                      |   |   |  |
|              | ryan@scha   | arartax.com  |   | . 2   |  |
| For fur      | ther information con  | E-mail address: (to be use cerning this matter, please call: | ed for future annua                       |   |  |
| Ryan Scharar |   | 817<br>at (  | 918-3035                                  |   |  |
|              | N   | lame of Contact Person                                       | Area Code                                 | -17   |  |
|              | MAILING ADDR<br>Division of Corpor<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32 | rations<br>on  |   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |
| Enclose      | ed is a check for the  \$125.00 Filing  |  | <b>S</b> \$155.00 Filin<br>Certified Copy |   |  |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Typed or printed name of signee



## Office of the Secretary of State

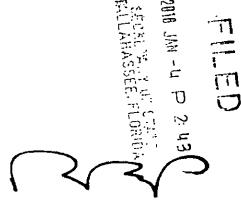
### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Frazer Antalffy Integrated Consulting, LLC (file number 802113966), a Domestic Limited Liability Company (LLC), was filed in this office on December 08, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 28, 2017.





Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 784787730002