TO: Registration Section Division of Corporations

SUBJECT: Integration and Automotion Services INCORPORATED (Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

W01-19042 Please return all correspondence concerning this matter to the following: gration and Automation Services Incorporated (Firm/Company) Dulmer DR (City/State and Zip code)

For further information concerning this matter, please call:

Eugene E FELLOWS at (941) 484-3340 (Area Code & Daytime Telephone Number)

STREET ADDRESS: MAILING ADDRESS:

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

Registration Section

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

\$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

5 \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 6, 2001

EUGENE E FELLOWS 322 DULMER DR NOKOMIS, FL 34275

SUBJECT: INTEGRATION AND AUTOMATION SERVICES, INC.

Ref. Number: W01000018042

We have received your document for INTEGRATION AND AUTOMATION SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Forida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began, transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1504 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 001A00045043

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	r	teamed in the name a	
(State or cour	irv under the law of which	3	N/A
(and ander the law of which	it is incorporated)	(FEI number, if applicable)
	12/28/99	5	Duration: Very gar will a
(D	ate of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
			(Suration: Tear corp. with cease to exist or "perpetual")
(Data first tron	8/15/00		ot transacted business in Florida, insert "upon qualification."
	,		11, 607.1502 and 817.155, F.S.) Alokomis FL 34275
		(Principal office add	dress)
			,
		Current mailing add	
(Purpose	(s) of corporation authorize	d in home state or co	ountry to be carried out in state of Florida)
Name and <u>st</u>	reet address of Florida	registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>st</u>	reet address of Florida	registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>st</u>	reet address of Florida	registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>st</u> Name: ice Address:	reet address of Florida Eugene E. A 322 Dulm	registered agent: Ellows en De	(P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>st</u> Name: ice Address:	reet address of Florida Eugene E. A 322 Dulm	registered agent: Ellows en De	(P.O. Box or Mail Drop Box NOT acceptable)
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Name and <u>st</u> Name: ice Address:	reet address of Florida: Eugene E. P. 322 Dulm. Nokomis (City)	registered agent: Ellows en De	(P.O. Box or Mail Drop Box NOT acceptable)
Name and <u>sti</u> Name: ice Address: Registered a	reet address of Florida: Eugene E. F. 322 Dulm. Nokomis (City) gent's acceptance:	registered agent: Ellows Nows	(P.O. Box or Mail Drop Box NOT acceptable) FLOR STATE Florida Gip code)
Name and sti Name: ice Address: Registered a ving been nam	Eugene E. P 322 Oulm. Nokomis (City) gent's acceptance:	registered agent:	(P.O. Box or Mail Drop Box NOT acceptable) FIGURE 1 FIGURE 2 Florida 34275 (Zip code)
Name and sting state of the sta	Treet address of Florida in Eugene E. A. A. Dulman (City) gent's acceptance: ned as registered agent as application. I hereby as	registered agent:	(P.O. Box or Mail Drop Box NOT acceptable) Florida 34275 (Zip code) ce of process for the above stated corporation at the page 15 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above stated corporation at the page 25 of the above 25 o
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		•	
Chairman: NONE			<u></u>
Address:			
Vice Chairman:			•
Address:			
•			
Director: None			
Address:			
			······································
Director: None			
Address:		<u> </u>	<u> </u>
	The state of the s	7 - 22	
B. OFFICERS			
President: <u>Eugene</u> E. Fe	ellows		
Address: 322 Pulmen			
- Notionis FL			
Vice President: Lawrence (- 4
Address: RR 3 Box			ACCI
- CRESCO C	_		AHALA TA
4	1/- 1-		
Secretary: <u>Lawrence</u> (. BR 3 Box 95	Hordy		
Address: <u>CRESCO</u> GR	18326 -		응글 &
Treasurer: Eugene E. FEL	Lows	, -	A 111 3 1
Address: _ 3aa Dulmen			
Nokomis FL 342	-	-	
NOTE: If necessary, you may attach an adden	dum to the application listin	g additional officers a	nd/or directors.
13. Bugene & Hellows	Vreselant.		·
Signature of Chairman, Vice (nairman, or any officer liste	ed in number 12 of the	application)
14(Typed or printed name	e and capacity of person sign	ing application)	
(-) P or primod halls	outerail or horson sign	ung appirealiull	

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRATION AND AUTOMATION SERVICES INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2001.

O1 DEC 17 PM 8: 57
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

3146288 8300

010350480

-AUTHENTICATION: 1254523

DATE: 07-20-01