TO: Registration Section			
Division of Corpor	rations		·
SUBJECT: INTE	GYATED S	plutions, INC-	
-	(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:			
	and check are submitted	for Authorization to Transaci to register the above reference	
Please return all correspond	_	- <u>.s. u</u> ii	00049621112 -02/20/02-01089001_
ITHER Car	rmouche	e of Person)	02/20/0201005001 
~	(Nam	e of Person)	
West Cloas	- Investare	ent Advisors	wo2-5242
	(Firm	/Company)	
3510 Lit	He Count  (F)  Given	er Rd.	
	(A	Address)	
PABBIS H	FL 3421	19	
	(City/St	ate and Zip code)	
For further information con	cerning this matter, plea	se call:	,
Tarea Carmo	uche at 9	rea Code & Daytime Telephor	7-3
✓ (Name of Person)	(Aı	rea Code & Daytime Telephor	ne Number)
			<b>三</b>
STREET ADDRESS:		_ MAILING ADDRESS:	
Registration Section Division of Corporations	-	Registration Section Division of Corporation	e E
409 E. Gaines St.		P.O. Box 6327	s AND S
Tallahassee, FL 32399		Tallahassee, FL 32314	× 01
Enclosed is a check for the	following amount:	•	ynth
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 22, 2002

GREG CARMOUCHE 3510 LITTLE COUNTRY RD. PARRISH, FL 34219

SUBJECT: INTEGRATED SOLUTIONS, INC.

Ref. Number: W02000005262

We have received your document for INTEGRATED SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc. Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 202A00011133

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	veg Chrocos	me)	, do here	by certify.	
that this Resolution of the B	oard of Directors of _	Integrate	rd Saluhi	nes, In	<u>'</u> <u>«</u> .
	(Corpora	ate Name)			_
a corporation duly organize	d and existing under th	e laws of the State of _	Michigan	<u></u> ,	
			62		
Be it resolved, that					
organized and existing in th				he name	 
West Coas	Tu vostas.	mt Aduisars	for use i	n Florida. 🚉	
Dated: _3-/-2002		ABV-	**************************************	하는 양	١
	Signature of either Ch	nairman, Vice Chairman	or any officer		
·	Invego	Carmouche			•
	7 1	ype or print name			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

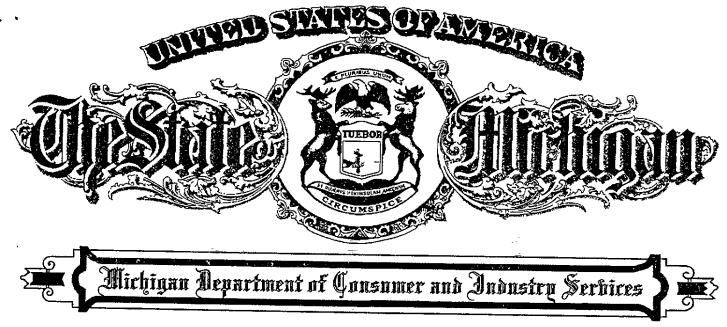
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) Will Clonfinue (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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.

(Registered agent's signature)

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

A. DIREC			
Chairman: _	LAVEG Camouche	:	
	2510 Little Same la Pl		
	Description of the second	347	
Vice Chairma	an:		
Address:			
<del></del>			
Director:			
Address:		. •	
Director:			
Address:		***	
		•	
B. OFFICE			
President:	Tarel Camouche	-	
	3510 Little Country Rd.	1	
	Parish, 7/ 34219	<b>5 5 5 7</b>	pan 110**
Vice President	Lucille Caracono he		<u>.</u>
Address:	3510 Little Country Rd.	- Los 1 0	
<del></del>	Dansh, 7/ 34219	20 77 05	
Secretary:	Lucille darmonche	-	
Address:	3510 Little Country Rd.	, Jan 86,9	1/342
Freasurer:	Ineg Car	mon he	
Address:	3510 2:14	le Country	RJ-
	James h. Fl	34219	•
	cessary, you may attach an addendum to the application listing addition	nal officers and/or director	s.
13	(Signature of Chairman, Vice Chairman, or any officer listed in num	hor 12 of the!	
14.		per 12 of the application)	
	(Typed or printed name and capacity of person signing appli		<del></del>



Lansing, Michigan

This is to Certify That

## INTEGRATED SOLUTIONS, INC.

was validly incorporated on January 1, 1994, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

02 MAR -5 M 8 OF

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of February, 2002

Andrew of Metalf f , Director

Bureau of Commercial Services