

F09000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400156295834

05/26/09--01013--014 **70.00

FILED
09 JUN -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ef 6/8/09

1109000025021



RECEIVED
DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE -5 PM 4:48
Division of Corporations

May 28, 2009

KAREN JOHNSON

16192 COASTAL HIGHWAY
LEWES, DE 19958

SUBJECT: INTEGRITY MEDICAL SOLUTIONS INC.
Ref. Number: W09000025021

We have received your document for INTEGRITY MEDICAL SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 809A00017995



HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com

May 15, 2009

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Dear Sir/Madam:

Please find enclosed a completed application for Integrity Medical Solutions Inc. along with a check \$70.00 to cover the filing fee.

It would be most appreciated if you could please return the completed filing to my attention at the address above. Should you have any questions please do not hesitate to call me at 302-644-6257.

Thank you in advance for your assistance on this matter.

Sincerely,


Karen Johnson
Corporate Filing Specialist

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrity Medical Solutions Inc.

(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.

Please return all correspondence concerning this matter to the following:

Karen Johnson

(Name of Person)

Harvard Business Services, Inc.

(Firm/Company)

16192 Coastal Highway

(Address)

Lewes, DE 19958

(City/State and Zip code)

For further information concerning this matter, please call:

Karen Johnson

(Name of Person)

at (302) 644-6257

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

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.

1. Integrity Medical Solutions Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 03/28/2006

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 420 South Railroad Avenue, Kings Mountain, NC 28086

(Principal office address)

P. O. Box 2206, Kings Mountain, NC 28086

(Current mailing address)

✓ 8. SELLING OF EMERGENCY MEDICAL PRODUCTS

(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 NOT acceptable)

Name:

Alfred Alexander Taylor II

Office Address:

17131 Horizon Lane

Port Charlotte

(City)

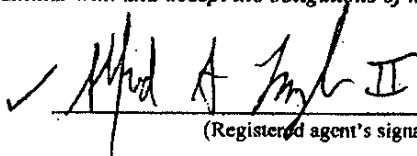
Florida

33948

(Zip code)

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.

✓ 

(Registered agent's signature)

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.

FILED
09 JUN - 5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bob Wright

Address: 17131 Horizon Lane

Port Charlotte, FL 33948

Vice President: AL TAYLOR

Address: PO Box 2206

Kings Mtn, NC 28086

Secretary: _____

Address: _____

Treasurer: Alex Taylor

Address: 8849 Gerren Ct, Charlotte NC 28086

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

✓ 13. Mrd A T/L II
(Signature of Director or Officer listed in number 12 of the application)

✓ 14. Alfred (Alex) Taylor II, GM/Treasurer
(Typed or printed name and capacity of person signing application)

FILED
09 JUN -5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRITY MEDICAL SOLUTIONS INC." 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 MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRITY MEDICAL SOLUTIONS INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2006.

FILED
09 JUN -5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4132527 8300

090499460

AUTHENTICATION: 7312571

DATE: 05-20-09