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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
. Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: The Integrated Solution Group, 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:
Charles W. Clark III
(Name of Person)
The Integrated Solution Group, Inc.
(Firm/Company)
10 Cedar Street - Suite 19
(Address)
Woburn, MA 01801
(City/State and Zip code)
For further information concerning this matter, please call:  Charles W. Clark III  at (781) 938-0712 X101
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy  Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2009

CHARLES W CLARK III 10 CEDAR STREET SUITE 19 WOBURN, MA 01801

SUBJECT: THE INTEGRATED SOLUTIONS GROUP OF MASSACHUSETTS,

INC.

Ref. Number: W09000021614

We have received your document for THE INTEGRATED SOLUTIONS GROUP OF MASSACHUSETTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 709A00015519



June 4, 2009

CHARLES W CLARK III 10 CEDAR STREET SUITE 19 WOBURN, MA 01801

SUBJECT: THE INTEGRATED SOLUTIONS GROUP OF MASSACHUSETTS,

INC

Ref. Number: W09000021614

We have received your document for THE INTEGRATED SOLUTIONS GROUP OF MASSACHUSETTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The alternate name needs to be listed right under line 1.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 709A00015519

## 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.

• •	rated Solution Group, Inc. orporation; must include "INCORPORATI	ED." "	COMPANY." "CORPORATION."			
	огр," "Inc," "Co," or "Corp.")	<i>DD</i> ,	committy, controlling,			
The In (If name unavails	Tegrated Solution able in Florida, enter alternate corporate na	ome ado	pted for the purpose of transacting busin	use773	<u>}</u> /	NC
<sub>2.</sub> Massachu	setts	3. 0	3 04-3257098			
(State or country	under the law of which it is incorporated)	- · <del></del>	(FEI number, if applicable)			
<sub>4.</sub> January 1	, 1995	5. P	erpetual			
(Date	of incorporation)	(1	Duration: Year corp. will cease to exist of	or "perpetual	")	
<sub>6.</sub> N/A						
* 1=1			lorida, if prior to registration) , F.S., to determine penalty liability)	<del></del>		
<sub>7.</sub> 10 Cedar \$	Street - Suite 19, Woburn,	MA	01801			
· · · · · · · · · · · · · · · · · · ·	(Principal office	address	s)			
10 Cedar S	Street - Suite 19, Woburn,	MA	01801			
	(Current mailing	address	5)			
8. Custom S	oftware Development					
(Purpose(s	) of corporation authorized in home state of	or count	try to be carried out in state of Florida)	2	_ _	
9. Name and stree	et address of Florida registered agent: (	(P.O. E	Box NOT acceptable)		9	***
Name:	Incorp Services, Inc.		_	表記	21 HIII' 60	, ,, and ,, —12
Office Address:	17888 67th Court North	<u>.</u>		are of		5 9
	Loxahatchee	<u>.</u>	, Florida 33470	1.5.L	PM 12: 0	ģ
	(City)		(Zip code)	<b>三</b>	03	
	gent's acceptance: red as registered agent and to accept so	ervice :	of process for the above stated corpo	≅ oration at ti	he pla	ce

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.

nice Rull on behalf of Incorp Services, Inc.
(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: \_\_\_ Address: \_ Director: \_ Address: **B.** OFFICERS President: Charles W. Clark III Address: 10 Cedar Street - Suite 19, Woburn, MA ငယင် <u>သုiee</u> President: Joanne E. Clark Address: 10 Cedar Street - Suite 19, Woburn, MA Secretary: Charles W. Clark III Address: 10 Cedar Street - Suite 19, Woburn, MA Treasurer: Joanne E. Clark Address: 10 Cedar Street - Suite 19, Woburn, MA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Charles a Clark ##

(Signature of Director or Officer listed in number 12 of the application) 14. Charles W. Clark III, Prosident Vice President (Typed or printed name and capacity of person signing application)



# The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

May 18, 2009

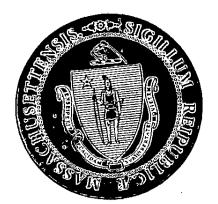
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

#### THE INTEGRATED SOLUTION GROUP, INC.

is a domestic corporation organized on **January 1**, 1995, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

ellean Travino Galecin

Processed By: sam