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To:

Division of Corporations

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I20000000195

: (850)521-1000

Phone

Fax Number

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### FLORIDA PROFIT/NON PROFIT CORPORATION

INTEGRIFIRST, INC.

|                       |         | Program |    |
|-----------------------|---------|---------|----|
| Certificate of Status | 0       | - 0     | ,  |
| Certified Copy        | 0       |         | 1  |
| Page Count            | 04      |         | 23 |
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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.

| IntegriFirst                         |   |  |  |
|--------------------------------------|---|--|--|
|                                      | orporation; must include "INCORPORATED<br>orp," "Inc," "Co," or "Corp.")              | ," "COMPANY," "CORPORATION,"   |  |
| (If name unavail                     | able in Florida, enter alternate corporate name                                       | e adopted for the purpose of transacting business in Florida)  |  |
| South Caro                           | lina 3,   | 26-4702931   |  |
| (State or country                    | under the law of which it is incorporated)  | (FEI number, if applicable)  |  |
| April 15, 20                         | )09   | perpetual  |  |
| (Date                                | of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual")  |  |
| upon filing                          |   |  |  |
|                                      |   | in Florida, if prior to registration)<br>1502, F.S., to determine penalty liability)   |  |
| 4226 Mayfa                           | ir Street, Suite 201, Myrtle Beach  | h, SC 29577  |  |
|                                      | (Principal office add   | ······································   |  |
|                                      |   |  |  |
|                                      | (Current mailing add  | dress)   |  |
|                                      |   |  |  |
|                                      | I Investment Advice   |  |  |
| (Furbose(s                           | e) of corporation authorized in home state or c                                       | O. Box NOT acceptable)   |  |
| Name and street                      | et address of Florida registered agent: (P.   | O. Box NOT acceptable)   |  |
| Name:                                | Corporation Service Company   |  |  |
| ffice Address:                       | 1201 Hays Street  | 23   |  |
|                                      | Tallabassee   | Florida 32301  |  |
|                                      | (City)  | (Zip code)   |  |
|                                      |   |  |  |
| aving been nam                       | application, I hereby accept the appoints omply with the provisions of all statutes s | ice of process for the above stated corporation at the place<br>ment as registered agent and agree to act in this capacity.<br>relative to the proper and complete performance of my dui |  |
| rther agree to c                     | ' WIIN ANA ACCEDI INE ODUPAUONS OF MV DC  | SMUN TO JEEDIELEN MEGNA  |  |
| rther agree to c<br>ed I am familiar | with and accept the obligations of my poor<br>orporation Service Company              | Import Markley   |  |
| rther agree to c<br>ed I am familiar | orporation Service Company  | Joyce L. Markley as its 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.

14. \_\_\_

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: \_\_\_ Address: Director. Address: \_\_\_\_ Director: \_ Address: \_\_\_ B. OFFICERS Lo. Jr. . President Vice President: \_ Address: \_\_\_\_\_ Secretary; \_\_\_ Address: Tressurer: \_\_\_ Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 13. \_\_\_\_ John L. Cote, Jr.

(Typed or printed name and capacity of person signing application)

# The State of South Carolina



Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

#### INTEGRIFIRST, INC.,

a corporation duly organized under the laws of the State of South Carolina on April 15th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 10th day of June, 2009.

Mark Hammond Secretary of State

Note. This cartificate does not contain any representation concerning fees or takes owen by the forporation to the South Corolina Tax Commission or whether the Corporation has fired the annual reports with the Tax Commission. If it is important to know whether the Corporation has ead at taxes then to the State of South

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