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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			_	Ny w	
SUBJECT:	ED 6	DGISTICS	- Soc	UTTONS,	INC
Name	e of corpora	ation - must inclu	de suffix	···	
Dear Sir or Madam:					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good !	Standing" and ch	eck are subm		
Please return all correspondence concer-	ning this ma	atter to the follow	/ing:		
HAROLD R.	BRIG	GHT			
	Name	e of Person			
INTEGRATER	D Loc	USTICS	SOLL	DONS,	<i>zwc</i>
	rimny	Company	,		
3317 TRIANA	BUD	, 500			
	A	ddress			
Handsville, 1 hrbright Co	41	3580	5		
-/-	City/Sta	ate and Zip code			
hrbright (	2) :100	501. com	<b>'</b>		
E-mail addre	ss: (to be us	sed for future ann	ual report no	tification)	
For further information concerning this					
Mame of Person	at ( Ze	56, 650	-410 5	5	_
Name of Person	A	rea Code & Dayt	ime Telephor	ne Number	
STREET/COURIER ADDRE New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	Ne Div P.C	AILING AD w Filing Sec vision of Cor D. Box 6327 Ilahassee, FL	tion porations	
Enclosed is a check for the following an	nount:				
\$70.00 Filing Fee \$78.75 Fili Certificate	ng Fee & of Status	\$78.75 Filin Certified C		\$87.50 Fili Certificate Certified C	of Status &

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

te or country under the law of which it is incorporated)  (PEI number, if applicable)  (Perperual  (Duration: Year corp. will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  33/7 TRIANA BUD, SW, HUNTSVILLE, AL 35805  (Principal office address)  Same AS ABOVE  (Current mailing address)  ENGINEERING CONSULTING SERVICES  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  me and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Thomas Green  Address: 11192 N.W. 18th Rd  Cainesville, Florida, Florida 32606  (City)  Florida 32606  (Zip code)	ALAC	BAMA		3	20-0081477			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3317 TRIANA BLVD, SW, HUNTSVILLE, AL 35805  (Principal office address)  SAME AS ABOVE (Current mailing address)  ENGINEERING CONSULTING SERVICES  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  me and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Thomas Green	te or country unde	er the law of which	it is incorporated	d)	(FEI number, if app	olicable)		
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Name: Thomas Green			(Current mann	ng address)				
Name: Thomas Green	Enc	GINEERIN	4 Cons	SULTTN	4 SERVICES			
Name: Thomas Green  Address: 11192 N.W. 18th Rd  Gainesville, Florida Florida 32606	(Purpose(s) of	Corporation authori	(Current main	EULTTN e or country	4 SERVICE S to be carried out in state of FI		IAS SE	Presi 5-11
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#### 10. Registered agent's acceptance:

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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.



12.	Names	and	business	addresses	of	officers	and/or	directors:
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11 DEC 12 PH 5: 85

A. DIRECTORS	
Chairman:W/A	SECRETARY OF STATE
Address:	
Vice Chairman: N/A	
Address:	
Director: W/A	
Address:	
Director: VA	
Address:	
B. OFFICERS	
President: HAROLD R. BRIGHT	
Address: 3317 TRIAND BLVD, SW HUNTSVILLE, AL 35805	
Vice President: MICHAEL BAILEY	
Address: SAME AS ABOVE	
Secretary:	
Address: SAME AS ABOVE	
Treasurer: HAROLD R. BRIGHT  Address: SAME AS ABOVE	
Address: SAME AS ABOVE	
NOTE: If necessary, you may atjach an addengum to the application listing add	itional officers and/or directors.
13. Angle 63/f	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 about	ove) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	at to the Department of State constitutes
14. HAROLD R. BRIGHT CEO  (Typed or printed name and capacity of person signing a	

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Integrated Logistics Solutions, Inc. was formed in Marshall County, Alabama on July 8, 2003. The Alabama Entity Identification number for this entity is 229-949. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

November 18, 2011

Date

Beth Chapman

Secretary of State