

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000274090 3)))



H120002740903ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Integral EStores, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 11/20/12

RECEIVED
12 NOV 19 PM 1:07
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
12 NOV 19 AM 9:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. INTEGRAL ESTORES, 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. New York

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

3. 20-1531490

(FEI number, if applicable)

4. 08/20/2004

(Date of incorporation)

5. Perpetual

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

6. October 31, 2012

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

7. 55 West 21st Street, # 602, New York, NY 10010

(Principal office address)

55 West 21st Street, # 602, New York, NY 10010

(Current mailing address)

8. General Purpose

(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: **BlumbergExcelsior Corporate Services Inc.**

Office Address: **155 Office Plaza Drive, 1st Fl.**

Tallahassee


(City)

Florida 32301

(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)

Assistant Secretary

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 NOV 19 AM 9:03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 NOV 19 AM 9:03

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

A. DIRECTORS

Chairman: Gabriel SereniAddress: 111-15 75th Ave Apt 6F, Forest Hills, NY 11375Vice Chairman: Bree BessetteAddress: 111-15 75th Ave Apt 6F, Forest Hills, NY 11375

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gabriel SereniAddress: 111-15 75th Ave Apt 6F, Forest Hills, NY 11375Vice President: Bree BessetteAddress: 111-15 75th Ave Apt 6F, Forest Hills, NY 11375

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Bree Bessette, Vice President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of **INTEGRAL ESTORES, INC.** was filed on 08/20/2004, under the name of **EVERYTHING DISPLAYS, INC.**, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 08/15/2006.

A Biennial Statement was filed 08/12/2008.

A certificate changing name to **INTEGRAL ESTORES, INC.** was filed on 09/03/2008.

A Biennial Statement was filed 09/24/2010.

Certificate of Change was filed on 07/30/2012.

A Biennial Statement was filed 08/24/2012.

I further certify that no other documents have been filed by such corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of November
two thousand and twelve.*



Daniel Shapiro
Special Deputy Secretary of State



201211160202 • 39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 19 AM 9:03