F14000000403

(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:				



100253931321

12/16/13--01017--011 **87.50

14 JAN 28 AMII: 21

SECRETARY OF STATE DIVISION OF CORPORATIONS 14 IAN 28 AM II 21.

HOOPER FINANCIAL SERVICES LARRY K HOOPER

CERTIFIED PUBLIC ACCOUNTANT 1207 S. WASHINGTON AVENUE MARSHALL, TX 75670-6214 PHONE 903-935-9911 FAX 903-935-9914

January 23, 2014

Florida Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:Integral Business Solutions, Inc. Ref No:W13000068826

Dear Sirs:

This letter is in response to your letter of December 17, 2013 to the above captioned Texas Corporation. We had previously filed an "Application by Foreign Corporation for Authorization to Transact Business in Florida" under the entities Texas name of "Integral Business Solutions, Inc.". Because, according to your letter, this name is not available in the State of Florida you requested we "...adopt and alternate corporate name..." for use in the State of Florida. As you instructed we have inserted the "alternate corporate name" in the space provided in the number one of the application. The alternate corporate name we chose is "Integral Business Solutions of Florida, Inc.". Please re-process the Application with the new alternate name. Please send your response to:

Larry K. Hooper Hooper Financial Services 1207 S. Washington Avenue Marshall, TX 75670-6214.

If you have any questions or are in need of any additional information please let me know.

Thank You:

Larry K. Hooper

COVER LET,TER

TO:	New Filing Sec Division of Cor				
SUBJI	ECT: NT	EGRAZ	BUSIN	IESS SOLUTIONS	OF FLORIDA, ,
		Name	e of corpora	ation - must include suffix	
Dear Si	r or Madam:				
"Certifi	cate of Existence	e," or "Certifica	te of Good	for Authorization to Transac Standing" and check are sub- usiness in Florida.	
Please r	eturn all corresp	ondence concer	ning this m	atter to the following:	
	1000	الم لا ما	anat	2	
	- LANO	~7 /~ 1)	WT OC	CD.	
	.1 ^		Nam	e of Person	
	HOOPE	R FINAD	JCIAZ	- SORVICES	
			Firm/	e of Person Company	
	120	1 5 W	ASHII	NOTON AVE	
			Α	Address	
	MAK	25HALL,	TX	75070-62	14
			City/Sta	ate and Zip code	
	la	rryeh	ope	ate and Zip code Sinancial sed for future annual report n	.net
		E-mail addres	ss: (to be u	sed for future annual report n	otification)
For furt	her information (
LA	RRY HOU	RA	at (90	03 <u>935-99</u> rea Code & Daytime Telepho	L/
	Name of Persor	1	A	rea Code & Daytime Telepho	one Number
	STREET/COU New Filing Sect Division of Corp	ion	SS:	MAILING AI New Filing Sec Division of Co	etion
Clifton Building				P.O. Box 6327	
	2661 Executive Tallahassee, FL			Tallahassee, Fl	_ 32314
Enclose	d is a check for t	he following am	ount:		
\$ 70	0.00 Filing Fee	\$78.75 Filin Certificate		\$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. INTEGRAL BUSINESS SOLUTIONS, INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Integral Business Solutions of Florida, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	<u> </u>
2. TEXAS (State or country under the law of which it is incorporated) 3. 26-2803481 (FEI number, if applicable)	_
4. MARCH 8, 3008 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	_
5	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
(Principal office address) (Principal office address) 1450 BRICKELL BAY N. # 1510, M. AMI, FZ 33131-3 (Current mailing address)	651
(Principal office address) 1450 BOWNEY PAN NO # 1510 M OM / G 3213/	2/ ₂ =
(Current mailing address)	
B. ANY AND AU LAWFUL BUSINESS.	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	_
P. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u> </u>
Name: LARRY KENT HOOFER	SECI VISIO
Name: LARRY KENT HOOFEC Office Address: 181 Course P.KWY SUITE 14 FT MYORS, FL , Florida 33907 (City) (Zip code)	FIL RETAR N OF C
FT MYORS, FL, Florida 33907	Y OF ORPO
Ň	STATE
0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the	
lesignated in this application, I hereby accept the appointment as registered agent and agrec to act in this cap Further agree to comply with the provisions of all statutes relative to the proper and complete performance of n	acity. I

10

and I am familiar with and accept the obligations of my position as registered 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Address: 1450 BRICKER BAY DR. #1510, MIAMI, FC 33131-3651 Vice Chairman: HVGO CAMAGHO 29TH CT. E., BRADENTON, FC 34203 Director: B. OFFICERS President: ANORGS F. RUFZ President: HAUKUS F. KUFZ

Address: 1450 BRICKUL BAY PR, 1510, MIAM), R 33131-3651 Vice President: HUGO CAMACHO Address: 5701 29TH CT. E., BRADENION, FZ 34203 Address: 1450 BRICKER BAY DR, #1510, MIAM, F233131-3651 Address: 51012977+ CT. E., BRADENTON, FL 34203 NOTE: If necessary, you hay attach an addendum to the application listing additional officers and/or directors. 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

14. ANORES I. RUIZ

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

third degree felony as provided for in s.817.155, F.S.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

INTEGRAL BUSINESS SOLUTIONS INC File Number: 800952458

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic For-Profit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

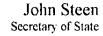
Dated: 03/18/2008

Effective: 03/18/2008



Phil Wilson Secretary of State

Pholester





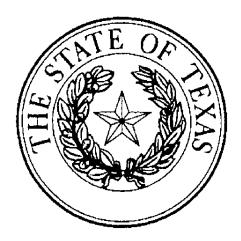
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for INTEGRAL BUSINESS SOLUTIONS INC (file number 800952458), a Domestic For-Profit Corporation, was filed in this office on March 18, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 09, 2013.



Phone: (512) 463-5555

Prepared by: SOS-WEB



John Steen Secretary of State



Franchise Tax Account Status

As of: 12/09/2013 11:45:28 AM

This Page is Not Sufficient for Filings with the Secretary of State

INTEGRAL BUSINESS SOLUTIONS INC				
Texas Taxpayer Number	32036553256			
Mailing Address	5721 29TH CT E BRADENTON, FL 34203-5353			
Right to Transact Business in Texas	ACTIVE			
State of Formation	TX			
Effective SOS Registration Date	03/18/2008			
Texas SOS File Number	0800952458			
Registered Agent Name	LARRY KENT HOOPER			
Registered Office Street Address	1207 S WASHINGTON AVENUE MARSHALL, TX 75670			

. . .