

F/4000003141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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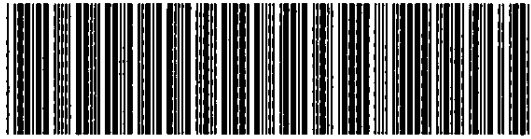
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 07/25/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IntegSense 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," or "Certificate of Good Standing" 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:

Reza Abdolvand

Name of Person

IntegSense Inc.

Firm/Company

2609 Cochise Trail

Address

Winter Park, FL 32789

City/State and Zip code

mehdi.alighanbari@integsense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reza Abdolvand

Name of Person

at (404) 4294780

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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. **Integsense Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Integsense Co.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Oklahoma**

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

3. **461481022**

(FEI number, if applicable)

4. **27 Aug 2012**

(Date of incorporation)

5. **perpetual**

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

6. _____

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

7. **1421 S. CULPEPPER DR., STILLWATER, OK 74074**

(Principal office address)

2609 Cochise Trail, Winter Park, FL 32789

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Reza Abdolvand**

Office Address: **2609 Cochise Trail**

Winter Park, _____, Florida **32789**
(City) (Zip code)

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9. **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)

10. 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.

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

A. DIRECTORS

Chairman: Mehdi Alighanbari
Address: 2609 Cochise Trail, Winter Park, Fl 32789

Vice Chairman: Reza Abdolvand
Address: 2609 Cochise Trail, Winter Park, Fl 32789

Director: _____
Address: _____

Director: _____
Address: _____

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REGISTRY OF CORPORATE
AFFAIRS
TALLAHASSEE FLORIDA

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. _____ *M. Alighanbari*
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.

13. Mehdi Alighanbari, Director
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



CERTIFIED COPY OF ONE PARTICULAR
DOCUMENT

CERTIFICATE

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

**NAME OF ENTITY
INTEGSENSE INC.**

DOCUMENT TYPE
Certificate of Incorporation

DOCUMENT FILING DATE
August 27, 2012



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 20th, day of July, 2014.

Chris Renge
Secretary Of State

SECRETARY OF STATE
MILLAN ASSOCIATES, P.L.L.C.

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