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.

(((H14000287159 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5368 Fax Number

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 Consulting Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Integral Consulting 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:
Alison Monson
Name of Person
Integral Consulting Tile
Firm/Company
719 20d Ave Suite 700
Sia Hle, WA 98 104 City/State and Zip code
E-mail address: (to be used for future annual report notification)
ti-mail address: (forbe used for future annual report notification)
For further information concerning this matter, please call:
Alison Monson at 970) 682 - 2184 ext. 111 Name of Person 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 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

14 DEC 12 NH 11: 26

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	BUSINESS I		
IN COMPLIANCE W. REGISTER A FOREI	ITH SECTION 607.1503, FLORIDA ST. GN CORPORATION TO TRANSACT B	ATUTES, THE FOLLOWING IS SUBMIT USINESS IN THE STATE OF FLORIDA.	NH II: 26
Totia	cal Consultina	Inc	<u> </u>
(Enter name of corpe "Inc.," "Co.," "Corp,	ration; must include "INCORPURATED," " "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	-
(If name unavailable	in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)
z. Washi	natin	48-1210668:	3
(State or country un	ider the law of which it is incorporated)	48 - 12668 (FEI number, if applicable)	
4 5/2	9/2002 5.	Pci pc fra / (Duration: Year cusp, will cause to exist or "p	
(Date of i	incorporation)	(Duration: Year torp, will cease to exist or "p	erpetual")
6			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
1.10 %			_/ 20212
7. <i>(000 (1</i> 1	VILLE LAMALITUM COVE	' la lla hasse é . E	L 2021 d
7. <u>(200 [</u> [(Principal office address	ess)	<u>L 3</u> 831 8
7. 600 M	(Principal office address (Principal office address (Principal office address (Current mailing address (Current mailing address	Tullahassee, FL	<u>32</u> 312
			<u>-L 3</u> 8312 <u>-38</u> 312
	(Principal office address of Florida registered agent: (P.O. C.T. Corporation System		<u>-2 3</u> 2312
8. Name and street as	ddress of Florida registered agent: (P.O		<u>-12 3</u> 12 <u>-32</u> 312
8. Name and street as	ddress of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road	P. Box NOT acceptable)	<u>-L 3</u> 8318 <u>-32</u> 312
8. Name and street as	ddress of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road		<u>-L 3</u> 8318 <u>-38</u> 312
8. Name and street as Name: Office Address: 9. Registered agent: Having been named designated in this ap further agree to com	ddress of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) 's acceptance: as registered agent and to accept service plication, I hereby accept the appointm	Box NOT acceptable) , Florida	ation at the place in this capacity. I
Name: Name: Name: Office Address: 9. Registered agent: Having been named designated in this applications, and I am family	CT Corporation System 1200 South Pine Island Road Plantation (City) 's acceptance: as registered agent and to accept service plication, I hereby accept the appoints of all statutes relition with and accept the obligations of	P. Box NOT acceptable)	ation at the place in this capacity. I
Name: Name: Name: Office Address: 9. Registered agent: Having been named designated in this applications, and I am family	ddress of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation (City) 's acceptance: as registered agent and to accept serviplication, I hereby accept the appointmply with the provisions of all statutes reliliar with and accept the obligations of Corporation System	P. Box NOT acceptable)	ation at the place in this capacity. I

10. Attached is a confficate 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.

and the second of the second o
11. Names and business addresses of officers and/or directors:
pr'
A. DIRECTORS
Chairmon: Lucinda Jacobs Address: 719 2nd Ave, Sinle 700
Address: 719 2nd Ave, Suite 700
Seattle WA 98104
Vicetimini Lucinda Tucobs
Address: 719 2nd Ave Suite 700
Seattle, WA 98104
Director: Judi Durda
Address: 200 Harry S. Truman Partnery Sinte 330
Annapous M.D 21401
Director: Laura Tones
Address: 319 SW Wishington St., Suite 1150
Portland, CR 97204
B. OFFICERS
President: William Lucke
Address: 205 Century Place, Suite 190
Louisville, CO BOODT
Vice President: Juili Durda
Address: 200 Harry S Truman Tarkway, Svike 330
Annupius MD 21401
Secretary: Laura Tones
Address: 319 Sw Washington St. Siete 1150 Portland, OR 97264
Treasurer: Alisun Monson
Address: 605 S. College Are Suite 101 Fort Collins, Co 80524
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. MISM & MONEY TREASURER Signature of Director of Officer
Signature of Director of 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. Alison E Monson REASURER (Typed or printed name and capacity of person signing application)

A: Directors (continued)

Director: William Locke

Address: 285 Century Place, Suite 190

Louisville, CO 80027

Director: Larry Marx

Address: 719 2nd Ave, Suite 700

Seattle, WA 98104

Director: Russ Keenan

Address: 45 Exchange Street, Suite 200

Portland, ME 04101

Director: Tyler Gass

Address: 285 Century Place, Suite 190

Louisville, CO 80027





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF INTEGRAL CONSULTING INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/29/2002.

I FURTHER CERTIFY that as of the date of this certificate, INTEGRAL CONSULTING INC. remains active and has complied with the filing requirements of this office.

Date: December 11, 2014

UBI: 602-208-623



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman Secretary of State