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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2016

MR. ENRIQUE VILLAVICENCIO PMB 216, 405 ESMERALDA AVE. SUITE 102 GUAYNABO, PR 00969

SUBJECT: INTEGRATED CONSTRUCTION SERVICES, INC.

Ref. Number: W16000008701

We have received your document for INTEGRATED CONSTRUCTION SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s)

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00002453

COVER LETTER

TO:	Registration S Division of Co							
CHDI		ed Construction Ser	vices, Inc.					
SUDJ	ECI:	Name	of corporatio	n - must	include suffix			
Dear S	Sir or Madam:							
"Certi	ficate of Existen	ation by Foreign C ce," or "Certifica gn corporation to	te of Good Sta	ınding" a	and check are sub			
	return all corres rrique Villavicenc	spondence concer io	ning this matte	er to the	following:			
			Name of	Person				
Integra	nted Construction	Services, Inc.						
PMB 2	216, 405 Esmerald	la Ave. Suite 102	Firm/Co	npany		Ħs.	20.	
Guayn	abo, PR 00969		Add	ress		ELIKE TAR	118 FEB 2	
City/State and Zip code evillavicencio@ics-pr.com		14.33 S Jo. 2	U					
For fu	rther information	E-mail address			re annual report r	notification)	2: 26	·
Mr. Er	nrique Villavicenc	io	787 at (273	-8169			
	Name of Perso	on	Area Coo	de	Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a check for	the following am	nount:					
□ \$70	0.00 Filing Fee	□ \$78.75 Filin Certificate			5 Filing Fee & Ted Copy	\$87.50 F Certifica	ite of S	tatus &

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Cor," "Corp," "Inc," "Cor," or "Corp.") ICS, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Purto Rico (State or country under the law of which it is incorporated) (November 3, 2005 (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1783 Carr. 21 Suite C-3 San Juan, PR 00921 (Principal office address) PMB 216, 405 Esmeralda Avc. Suite 102 Guaynabo, PR 00969 (Current mailing address, if different) Name: Samuel Cruz Office Address: Lists Rivers Edge Dr Orlando (City) Florida 32-825 (Zip code)	Integrated Construction Serv 1.	ices, Inc.		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Puerto Rico 3. (State or country under the law of which it is incorporated) November 3, 2005 4. (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1783 Carr. 21 Suite C-3 San Juan, PR 00921 (Principal office address) PMB 216, 405 Esmeralda Ave. Suite 102 Guaynabo, PR 00969 (Current mailing address, if different) (Current mailing address, if different)	(Enter name of corporation; m		'COMPANY," "CORPORATION	Ι,"
Puerto Rico (State or country under the law of which it is incorporated) (FEI number, if applicable) November 3, 2005 (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1783 Carr. 21 Suite C-3 San Juan, PR 00921 (Principal office address) PMB 216, 405 Esmeralda Ave. Suite 102 Guaynabo, PR 00969 (Current mailing address, if different)	ICS, Inc.			
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(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1783 Carr. 21 Suite C-3 San Juan, PR 00921 (Principal office address) PMB 216, 405 Esmeralda Ave. Suite 102 Guaynabo, PR 00969 (Current mailing address, if different) (Current mailing address, if different)	Puerto Rico	3.	6-0668962	
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Principal, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Principal office address) (Current mailing address, if different) (Current mailing address, if different)	(State or country under the la	w of which it is incorporated)	(FEI number, if applicable)	
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1783 Carr. 21 Suite C-3 San Juan, PR 00921 (Principal office address) PMB 216, 405 Esmeralda Ave. Suite 102 Guaynabo, PR 00969 (Current mailing address, if different) (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)				
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		(Current mailing	address, if different)	≥
3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		(94.19.11	,,	**************************************
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Name: Samuel Cruz Office Address: 1015 Rivers Edge Dr Orlando ,Florida 32825 (City) (Zip code)		<u> </u>	•	
Office Address: VIS Rivers Edge Dr Provide 32825 (City) (Zip code)	Name. Sa	muel Cruz		i i i i i i i i i i i i i i i i i i i
Office Address: 1815 Rivers Edge Dr Orlando , Florida 32825 (City) (Zip code)	rame		_	
Orlando , Florida 32825 (Zip code)	Office Address: 1015	Rivers Edge D	<u>r</u>	
(City) (Zip code)	01	lando	Florida 32825	
		(City)	(Zip code)	

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:

	ECTORS Mr. Enrique Villavicencio			
	F7 C4 Villa Mercedes II. PR 00971			
Address:				
Vice Chai	rman:			
				
Address:				
Director:				
Director:				
Address:				
B. OFFI	CERS			
	Mr. Enrique Villavicencio	aEOr ALLA	2016	Mildelf Q svirrage
	F7 C4 Villa Mercedes II, PR 00971	HASSA MAIN	:EB 2	
		[박다:< [기] (구나	م	
Vice Presi	Mr. Benigno Fernández dent:	- F.S.	<u>ب</u>	Q
Address:	M-1 Calle Jardín Garden Hills Guaynabo, PR 00966	97	26	
				
Secretary:			-	
Address:				
Treasurer:	Mr. Armando Vázquez			
Address:	Cond. Concordia Gardens I Apt 8K San Juan, PR 00924			
NOTE:	If necessary, you may attach an addendum to the application listing additional officer	s and/or	directo	rs.
12	Willaller			
are true a a third de Mr. I	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms the nd that he or she is aware that false information submitted in a document to the Depagree felony as provided for in s.817.155, F.S. Enrique Villavicencio, President	hat the fa rtment of	cts state	ed herein constitutes
13	(Typed or printed name and capacity of person signing application)			



Commonwealth of Puerto Rico **DEPARTMENT OF STATE** San Juan, Puerto Rico

CERTIFICATE OF EXISTENCE

I, VÍCTOR A. SUÁREZ MELÉNDEZ, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, INTEGRATED CONSTRUCTION SERVICES, INC., registry number 157578, is a domestic for profit corporation, organized on November 3, 2005, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, January 26, 2016.

VÍCTOR A. SUÁREZ MELÉNDEZ Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 25-Jan-2017.

Certificate Validation Number: 143706-24112987