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SUCCETARY OF STATE
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FILED

### **COVER LETTER**

TO:	Registration Section Division of Corporations
CUDI	ECT: Integrated Sustainable Turning Points, Inc.
SUBJ	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Andrea M. Kurak, Esq.
	Name of Person
	Cobb Cole
	Firm/Company
	149 S Ridgewood Avenue
	Suite 700
	Address
	Daytona Beach, FL 32114
	City/State and Zip Code
	integratedterry@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Andre	at ( 386 323-9250
	Name of Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount:
<b>57</b>	0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & B\$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(II name unav	ailable in Florida, enter alternate corpor	rate name adopted for the purpose of tran	sacting business in Florida)		
Idaho		3 46-4560871			
		orated) 3.46-4560871 (FEI number, if			
January 27, 20	014	5			
I)	Date of Incorporation)  5. (Date of duration, if other than perpetual)				
		ation. See sections 617.1501 & 617.1502,			
		ation. See sections 617.1501 & 617.1502,	F.S. to determine penalty liability.		
2482 E Glacie	r Rd, Hayden ID 83835				
	(Pı	rincipal office address)			
same					
	(Current	mailing address, if different)			
		•			
To encourage,	educate and support less fortunate indi	ividuals	A PACT COMPANY COMPANY		
(Purpose(s) of	corporation authorized in home state or	ividuals  country to be carried out in the state of l	Florida)		
Name and state		······ (D.O. D NOT ········ 11.)	77-30 00 11		
Name and sir	eet address of Florida registered age	ent: (P.O. Box NOI acceptable)	AR)		
NI.	Palmetto Charter Services, Inc.				
Name:	140 0 0 14 0 0 14 0 0 14				
			TORRIDATE FOR HELP		
ffice Address:					
	Daytona Beach (City)	, Florida 32114	lip Code)		

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.

(Registered agent's signature)

#### 12. Names and addresses of officers and/or directors

#### A. DIRECTORS

Chairma	n:		
Address:	2482 E. Glacier Rd.		
	Hayden Lake, ID 83835		
Director	Morgan Ford		
Address:	4351 N. Alderbrook Dr		
ruuress.	Coeur D Alene, ID 83815		
Director:	Kirsten Pomerantz		
Address:	721 W. Garden Avenue		
	Coeur D Alene, ID 83815		201
Director:	Burk Thomas	28	1
Address:	850 W. Ironwood Dr.	ASS.	
	Coeur d'Alene, ID 83814	men m	> r
R. OF	FICERS	STA.	<b>₽</b>
Presiden	Angela Edelmann	Öm A	÷
Address:	2482 E. Glacier Rd.		
	Hayden Lake, ID 83835		
Vice Pre	sident:		
Address:			
_	Allison Noland		
Secretary	8484 Salmonberry Loop, Hayden Lake, ID 83835	<u> </u>	
Address:	Kaela Marie Havcraft		
Treasure	r:		
Address:			· · · · · · · · · · · · · · · · · · ·
<b>NOTE</b> :	If necessary, you may attach an addendum to the application listing additional office		
Ani	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the gela Edelmann, President	application)	
14	(Typed or printed name and capacity of person signing application)		

# State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF EXISTENCE

OF

#### INTEGRATED SUSTAINABLE TURNING POINTS, INC.

File Number C-200990

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named non-profit corporation was incorporated under the laws of Idaho on 1/27/2014.

I FURTHER CERTIFY That the non-profit corporation is in goodstanding on the records of this office.

Dated: 11/06/2016 11:48 AM

SECRETARY OF STATE

Authentic Access Idaho Document ( http://www.accessidaho.org/public/portal/authenticate.html ) Tag: b5ae5f5ff8d74087a26a88e7937a4cfa6c180acd7677cc3534ee75cee603cd7f3c0a07d85bd6dd09