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(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE

K. SALY MAY -8 2017

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation				
Integrated Te	echnology Solutions, Inc.			
SUBJECT:	Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	tanding" and check are sub	ect Business in Florida," omitted to register the	
Please return all correspon	dence concerning this ma	tter to the following:		
Ms. Jodie Kable				
		of Person		
Integrated Technology Solut	ions, Inc.			
		ompany		
6325 Woodside Court, Suite	130			
Columbia, MD 21046	Ac	ldress		
	City/Stat	e and Zip code		
jkable@itsi-inc.com				
	E-mail address: (to be use	ed for future annual report	notification)	
For further information co	ncerning this matter, plea	se call:		
Ms. Jodie Kable	443	430-9014		
Name of Person	at ( Area C		bhone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration 9 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for th	e following amount:			
□ \$70.00 Filing Fee 1	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 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. (Enter name of co	plogy Solutions, Inc.  rporation; must include "INCORPORATED," "Crp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
Fine Technology	Solutions, Inc.	
(If name unavailal	ole in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
Maryland 2.	52 3.	-2095797
(State or country April 16, 1998	under the law of which it is incorporated)	(FEI number, if applicable)
4. (Date of	55	(Date of duration, if other than perpetual)
January 30, 2017		
0	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)
6325 Woodside Co	ourt, Suite 130, Columbia, MD 21046	70
··	ourt, Suite 130, Columbia, MD 21046 (Principal o	
Name and street	(Current mailing a address of Florida registered agent: (P.O. I	Box NOT acceptable)
Name:	Hubco Registered Agent Services, Inc.	- ORIGINAL STATES
Office Address:	155 Office Plaza Drive, 1st Floor	77
07114071441455	Tallahassee	32301 , Florida
	(City)	(Zip code)
designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated corporation at the place nt as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my ny position as registered agent.
_	B-B. A. Mul	Bruce B. Hubbard, Pres.

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: Vice Chairman: Director: **B. OFFICERS** Debra Lynn Shapiro President: 9514 Angelina Circle, Columbia, MD 21045 Address: Vice President: Laura Hahn Secretary: 29 Hickory Meadow Road. Cockeysville, MD. 21030-2900 Address: Sara Shapiro Treasurer: 6364 Beechfield Ave., Elkridge, Md. 21075-5614 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Lagar Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Debree Lynn Shapiro- President
(Typed or brinted name and capacity of person signing application)

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## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INTEGRATED TECHNOLOGY SOLUTIONS, INC., INCORPORATED APRIL 16, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 28, 2017.

Acting Director



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SECRETARY OF STATE
SECRETARY SEE, FLORID

301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice