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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

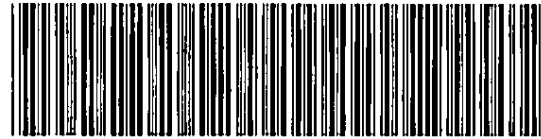
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

✓

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovative Employer Solutions 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:

Michael LaSala

Name of Person

IncSmart.biz, Inc

Firm/Company

2616 Willow Wren Dr.

Address

North Las Vegas, NV 89084

City/State and Zip code

admin@incsmart.biz

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

For further information concerning this matter, please call:

Michael LaSala

at (702) 334-0391

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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

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

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

2. Pennsylvania 3. 27-1311594
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/23/2009 5.
(Date of incorporation) (Date of duration, if other than 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. 146 NORTH ST STE 3 LEHIGHTON PA 18235
(Principal office address)

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(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Bill Havre (Handwritten signature)

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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: \_\_\_\_\_  
Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Halgurd Kurdy  
Address: 12812 Oak Knoll Road J04  
Poway, CA 92064

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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STATE

**B. OFFICERS**

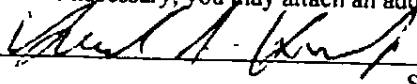
President: Halgurd Kurdy  
Address: 12812 Oak Knoll Road J04  
Poway, CA 92064

Vice President: Halgurd Kurdy  
Address: 12812 Oak Knoll Road J04  
Poway, CA 92064

Secretary: Halgurd Kurdy  
Address: 12812 Oak Knoll Road J04 Poway, CA 92064

Treasurer: Halgurd Kurdy  
Address: 12812 Oak Knoll Road J04 Poway, CA 92064

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

12.  \_\_\_\_\_  
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. Halgurd Kurdy, President  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/22/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Innovative Employer Solutions Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Katly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190822141106-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>