

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGUMETRIX 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:

TISHA BARZYK

Name of Person

INTEGUMETRIX INC.

Firm/Company

3005 AMBROSE AVE

Address

NASHVILLE, TN 37207

City/State and Zip code

brook@integumetrix.com

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

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For further information concerning this matter, please call:

TISHA BARZYK

Name of Person

at (844) 673-6968

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

**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. INTEGUMETRIX INC.

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

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

2. TENNESSEE

(State or country under the law of which it is incorporated)

3. 81-2928518

(FEI number, if applicable)

4. 06-14-2016

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. OPERATIONS TO BEGIN SPRING 2020

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3005 AMBROSE AVE. NASHVILLE, TN 37207

(Principal office address)

3005 AMBROSE AVE. NASHVILLE, TN 37207

(Current mailing address, if different)

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

Name: PAIGE TOWN

Office Address: 4532 ONTARIO DR

NEW PORT RICHEY

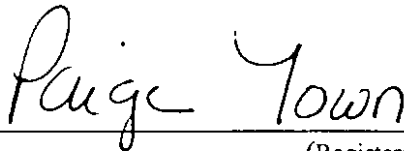
(City)

, Florida 34652

(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.

2019-07-11 11:05

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: TISHA BARZYK

Address: 1012 THURMAN ST

MT. JULIET, TN 37122

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TISHA BARZYK

Address: 1012 THURMAN ST.

MT. JULIET, TN 37122

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. TISHA BARZYK, PRESIDENT

(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

TISH BARZYK
3005 AMBROSE AVE
NASHVILLE, TN 37207

October 29, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0336352

Issuance Date: 10/29/2019
Copies Requested: 1

Document Receipt

Receipt #: 005082709 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3768402647 \$20.00

Regarding: Integumetrix Inc
Filing Type: For-profit Corporation - Domestic Control #: 852838
Formation/Qualification Date: 06/14/2016 Date Formed: 06/14/2016
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Integumetrix Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 036020519