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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

Integrum International, Inc.

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FEB 0 3 2219

To:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	
Delaware	•	opted for the purpose of transacting business in Florida)
	3	(FH number, if applicable)
01-17-2020		
	5	(Date of duration, if other than perpetual)
Upon Registration	of incorporation) in	(Date of duration, if other than perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ourt, Miami Lakes, Florida 33016	
		office address)
	(Current mailing a	address, if different)
Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)
	t address of Florida registered agent: (P.O. I C T Corporation System	Box <u>NOT</u> acceptable)
Name:	C T Corporation System 1200 South Pine Island Road	Box NOT acceptable)
Name:	C T Corporation System 1200 South Pine Island Road	
	C T Corporation System 1200 South Pine Island Road	
Name: ice Address:	C T Corporation System 1200 South Pine Island Road	

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.

(Registered agent's signature)

Placido Valdes Chairman:		
	Lakes, Florida 33016 .	
Address:		
Vice Chairman:		
Address:		
		75 A. A. A
Director:		
B. OFFICERS	17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	~
PLACIDO VALDES		დე ნე ნე
resident:	Miami Lakes, FL 33016	
ddress:		(A)
lice President:		??
ddress:		
reasorer:		
ddress:		
OTE: If necessary, you may attac	h an addendum to the application listing addition	nal officers and/or directors.
)		
	Signature of Director or Officer	
		CC 1 1 1 C 11 C
he officer or director signing this c to true and that he or she is aware t third degree felony as provided for	hat false information submitted in a document to	affirms that the facts stated herein the Department of State constitute



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTEGRUM INTERNATIONAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2023 J. 131 F.1 2: 51

Authentication: 202291024

Date: 01-30-20