

F20000002457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

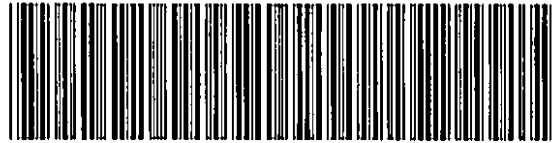
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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M. SOLOMON

JUN 3 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations
Integra Insurance Group, Inc.

SUBJECT: _____
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:
Amber Kilpatrick

| | |
|--|-------------------------|
| ILSA, Inc. | Name of Person |
| 111 N. Railroad St. | Firm/Company |
| Groesbeck, TX 76642 | Address |
| akilpatrick@ilsainc.com | City/State and Zip code |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|------------------|-----------|--------------------------|
| Amber Kilpatrick | 254 | 729-6106 |
| 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

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.

Integra Insurance Group, Inc.

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

INT Insurance Group, Inc.

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

AZ 20-1733530

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
11/01/2004 Perpetual
4. _____ 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)
13350 N 94th Dr, Ste C103

7. _____
(Principal office address)
Peoria, AZ 85381

(Current mailing address, if different)

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

Name: Department of Financial Services

Office Address: 200 E. Gaines St.

Tallahassee, Florida 32399
(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.

By: _____
(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.

2020 JUN -3 AM 3:32
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel Hiralez

Address: 13350 N 94th Dr, Ste C103

Peoria, AZ 85381

Director: _____

Address: _____

B. OFFICERS

President: Daniel Hiralez

Address: 13350 N 94th Dr, Ste C103

Peoria, AZ 85381

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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.

Daniel Hiralez, President

13. _____

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

2022 JUN -3 AM 3:32
CLERK OF SUPERIOR COURT
ARIZONA
PEORIA

FILED

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

INTEGRA INSURANCE GROUP, INC.

ACC file number: 11621826

was incorporated under the laws of the State of Arizona on 11/01/2004;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/23/2020



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

AMBER KILPATRICK
ILSA, INC.
111 N. RAILROAD ST.
GROESBECK, TX 76642

SUBJECT: INT INSURANCE GROUP, INC.
Ref. Number: W20000036799

We have received your document for INT INSURANCE GROUP, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 420A00007788

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JUN 3 2020