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T. LEMIEUX
DEC 2 0 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Integrity Solutions Field Service	es, Inc.				
Name of	f corporation -	must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Cor" "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standi	ng" and check are subn			
Please return all correspondence concerning	g this matter to	the following:			
Tami Brewer					
	Name of Pe	rson			
Integrity Solutions Field Services, Inc.					
	Firm/Compa	iny	<del></del>		
401 W. Republic Ave.					
	Address	;			
Alma, Mt 48801					
	City/State and	Zip code			
accounting@isfieldservices.com					
E-mail address:	(to be used for	future annual report no	otification)		
For further information concerning this ma	tter, please cal	1:			
Kimberly Gillespie	Kimberly Gillespie 989		_) 429-4632 Daytime Telephone Number		
Name of Person	Area Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	;	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEI \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT O Fee & 🕒 S	F STATE 378.75 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.

	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ON,"
me., co c	orp. the. Co. of Corp. )		
	able in Florida, enter alternate corporate name a	, ,	ting business in Florida)
Colorado	3.	46-4364590	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
12/20/2013	5. 1	perpetual	
(Date	of incorporation)	(Date of duration, if other	er than perpetual)
12/15/21			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		silings
401 Republic Ave		2, 1.3., to determine penalty had	onity)
	e., Alma, MI 48801	· · · · · · · · · · · · · · · · · · ·	
P.O. Box 816, Al	·	e <u>street</u> address)	
		address, if different)	
	(Cuttent maning	address, it different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT accentable)	
	InCorp Services, Inc.	in in its indext	~
Name:	incorp services. Inc.		
ffice Address:	17888 67th Court North		
	Loxahatchee	. Florida <u>33470</u>	: 5 F
	(City)	(Zip code)	51 B B
Danietarad and	ent's acceptance:		
• • • • • • • • • • • • • • • • • • • •	ed as registered agent and to accept servic	e of process for the above stat	ted corporation at the pla
signated in this	application, I hereby accept the appointme	ent as registered agent and ag	gree to act in this capacit
	omply with the provisions of all statutes re- with and accept the obligations of my pos-		lete performance of my a
a i am jamua	wan and accept the omigations of my post	non us regisierea agem.	
	0.0		
	Amber Ragland o	n behalf of InCorp Services, In	nc
	, in bot tagione o		

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.

A. DIRECTORS				
□Chairman	Josh Brewer Name:	□Chairman	Name: Scott Lew	andowski
□Vice Chairman	Address: 208 E. Emerson	□Vice Chairman	Address: 808 W.	Baldwin Street
□Director	Ithaca, MI 48847	□Director	St. Johns, MI	
■President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	□ Secretary	[	]Treasurer
Other	□Other	□Other		⊒Other
□Chairman	Name: Kimberly Gillespie	□Chairman	Name:	
□Vice Chairman	Address: 2119 Parkview Drive	□Vice Chairman	Address:	···
□Director	Clare, MI 48617	□Director		
□President		□President		
□Vice President		□Vice President		
<b>■</b> Secretary	□Treasurer	□Secretary	<u>[</u>	DTreasurer
□Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		Other
12. The officer or direction	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department Signature of Director of Signature of Director of the Signing this document (and who is listed in number lise information submitted in a document to the Department.)	ent of State Annual Re or Officer er 11 above) affirms th	eport form.	erein are true and that he o

s.817.155, F.S.

Kimberly M. Gillespie, Corporate Secretary

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Report

with Document # 20208008411 of Integrity Solutions Field Services, Inc.

Colorado Corporation

(Entity ID # 20131724290)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/07/2021 that have been posted, and by documents delivered to this office electronically through 12/09/2021@13:16:32.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/09/2021 @ 13:16:32 in accordance with applicable law. This certificate is assigned Confirmation Number 13641493



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by viviting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bit/Certificate/Search/Criteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visu our Web site, http://www.sos.state.co.us/click''Businesses, trademarks, trade names'' and select "Frequently Asked Questions."



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 11/23/2020 08:47 AM

ID Number: 20131724290

Document number: 20208008411

Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

#### Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	20131724290		
Entity name:	Integrity Solutions Fie	eld Services,	Inc.
Jurisdiction under the law of which the entity was formed or registered:	Colorado		
1. Principal office street address:	19029 E 58th Ave		
	(Sire	et name and numbe	r)
	Denver	СО	80249
	(Cuy)	(State) United	(Postal/Zip Code) States
	(Province - if applicable)	(Country -	
2. Principal office mailing address:	19029 E 58th Ave		
(if different from above)	(Street name and nu	umber or Post Office	· Box information)
	Denver	СО	80249
	(City)	(State) United	(Postal/Zip Code) States
	(Province – if applicable)		of not US)
3. Registered agent name: (if an individual)	Ramirez	Pete	Vidaller
	(Last)	(First)	(Middle) (Suffix)
or (if a business organization)			
4. The person identified above as registere	d agent has consented to b	eing so appoin	ted.
5. Registered agent street address:	84 Inca St		
s. registered agent street address.		et name and numbe	r)
	Denver	CO	80223
	(City)	(State)	(Postal/Zip Code)
	Intervity Calutions Fig.	-1-1 0 :	
<ol> <li>Registered agent mailing address: (if different from above)</li> </ol>	Integrity Solutions Fie		Rox informations
( <u></u>	411 W Lake Lansing	Rd A105	, and organization,
	East Lansing	<u>co_</u>	48823
	(Cuy)	(State) United St	(Postal/Zip Code)
	(Province - if applicable)	(Country - if	<del></del>

#### Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7. C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

 Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

-	(Last)	(First)		(Middle)	Su
	411 W Lake Lansing	Rd A105			
-	(Street name and	I number or Posi (	Office Box	information)	
-	East Lansing	MI	48823	-8445	
- -	East Lansing (Cuy)	M! (State) United S		-8445 (Postal/Zip Code)	)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

#### Disclaimer

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.