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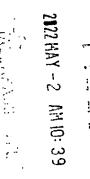
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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S. ROBERTS MAY 0 2 2022

COVER LETTER

TO: Registration Section Division of Corporat				
SUBJECT: Integrated Gene	eral Counsel, P.C.			
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Sta	anding" and check are subr		
Please return all corresponde	nce concerning this matte	er to the following:		
Kristen Hayes				
	Name o	f Person		
Integrated General Counsel, P.				
	Firm/Co	mpany		
3948 3rd Street South #44				
	Add	lress		
Jacksonville Beach, FL 32250				
^ 	City/State	and Zip code		
kristen@integratedgeneralcoun				
E	-mail address: (to be used	for future annual report n	otification)	
For further information conc	erning this matter, please	call:		
Kristen Hayes	at (⁴¹⁵	5154345		
Name of Person	Area Co		none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the filease make check payable to: \$\Boxed{\text{S}} \$\$ \$570.00 \text{ Filing Fee} \Boxed{\text{D}}\$	FLORIDA DEPARTMEN	ST OF STATE \$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.

Integrated Gene	ral Counsel, P.C.			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	∃D." "	COMPANY," "CORPORATION	·"
Integrated Gene	ral Counsel, P.C. A Professional Corporati	on		
(If name unavail	able in Florida, enter alternate corporate na	me ado	opted for the purpose of transacting	g business in Florida)
2. CA	CA 3 81-507		-5071944	
2. (State or country under the law of which it is incorporated))	(FEI number, if applicable)	
4. 12/30/2016		5		
(Date of incorporation)		<i>-).</i> —	(Date of duration, if other than perpetual)	
6.				
u			lorida, if prior to registration)	
		7.1502	, F.S., to determine penalty liabilit	y)
7. 3948 3rd Street S	outh #44 Jacksonville Beach, FL 32250			
	(Principal	office	<u>street</u> address)	
				∴ 🔀
	(Current m	ailing a	ddress, if different)	27 H
				HAY
8. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	-2
Name:	Kristen Hayes			HAY -2 AMI
	3948 3rd Street South #44			MM 10: 39
Office Address:			_	\simeq 3
	Jacksonville Beach		, Florida	* -
	(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.

(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.

A. DIRECTORS Kristen Haves Name: □Chairman Name: **■**Chairman 3948 3rd Street South #44 □Vice Chairman Address: Address: □ Vice Chairman Jacksonville Beach, FL 32250 ☐ Director □ Director President □ President □Vice President ☐ Vice President Treasurer □ Secretary □ Treasurer ■ Secretary □Other _____ □Other _____ □Other _____ Other _____ □ Chairman □Chairman Name: Name: □Vice Chairman Address: □Vice Chairman Address: Director Director □ President □President □Vice President __ □Vice President Treasurer ☐ Secretary □Treasurer □ Secretary □Other _____ □Other_____ □Other _____ □Other _____ □Chairman Name: Chairman Name: _____ □ Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □ Director □ President □President □Vice President _____ □Vice President □ Secretary □Treasurer ☐ Treasurer □ Secretary □Other _____ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Kristen Hayes, President



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: INTEGRATED GENERAL COUNSEL, P.C.

File Number: C3976597 Registration Date: 12/30/2016

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of February 23, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 24, 2022.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y8QVDXR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.