F22000005502

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AL.
(Business Entity Name)	
(Document Number)	
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S. FRANKLIN AUG 2 9 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Integrity Concepts LLC, Inc.			
	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Standi	ng" and check are submitted to re	
Please return all correspondence concern	ing this matter to	the following:	
Daniel L Martin			
-	Name of Pe	rson	
Integrity Concepts LLC, Inc.			
	Firm/Compa	iny	70.
PO Box 68			
	Address		2022 11 28
Hilliard, OII 43026			ھتنے
_	City/State and	Zip code	
dan@svmelitejanitorial.com			<u> </u>
E-mail address	s: (to be used for	future annual report notification)	-1-
For further information concerning this n	natter, please cal	l:	
Dan Martin	at (614	506-2635	
Name of Person	Area Code	Daytime Telephone Numb	er
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ame Please make check payable to: FLORIDA D \$70.00 Filing Fee	EPARTMENT O	S78.75 Filing Fee & S87.5 Certified Copy Certi	0 Filing Fee, ficate of Status & fied 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.

Integrity Concepts LLC, Inc.						
		corporation; must include "INCORPORATEI forp," "Inc," "Co," or "Corp."))," ·	"COMPANY," "CORPORATION,"		
		cricemaster by wom C	_			
	(If name unavail	able in Florida, enter alternate corporate nam	e ad	opted for the purpose of transacting bus	iness in Florida)	
2.	Ohio	-	20	0-4073642		
2. (State or country under the law of which it is incorporated			(FEI number, if applicable)			
4.	1/1/2010		P	erpetual		
⊸.	(Date of incorporation)		'· –	(Date of duration, if other than perpetual)		
6.	1/9/2020					
7.,		urt, Suite A, Columbus, OH 43228 (Principal of		2. F.S., to determine penalty liability) street address)		
	PO Box 68, Hilli					
8.	Name and stree	(Current mail e <u>t address</u> of Florida registered agent: (P	J	address, if different) Box <u>NOT</u> acceptable)	7072 ···· 2 9	
	Name:	Daniel L Martin		_		
O	ffice Address:	775 Longboat Club Rd, Unit 707			Pi to	
		Longboat Key		, Florida 34228		
		(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					
□Chairman	Daniel L Martin Name:	□Chairman	Name:		
□Vice Chairman	Address: PO Box 68	□Vice Chairman	Address:		
□Director	Hilliard, OH 43026	□Director			
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other	
□Chairman	Name:	□Chairman	Name:		
	Address:	□Vice Chairman			
□Director		□Director			
□President		□President	-		
		□Vice President			
□Secretary	□Treasurer	Secretary		□Treasurer,	
Other	Other	□Other		□Other	
				PI	
□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	
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.					
13. Daniel Martin, \(\sum_{\text{Typed or printed name and capacity of person signing application}\)					
	() jaco or printed hame and capacity or perse		•	•	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show INTEGRITY CONCEPTS LLC, INC., an Ohio corporation, Charter No. 1591529, having its principal location in Columbus, County of Franklin, was incorporated on January 1, 2006 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohiothis 16th day of May, A.D. 2022.

L follow

Ohio Secretary of State

Validation Number: 202213603320



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2022

DANIEL L MARTIN P O BOX 68 HILLIARD, OH 43026 US

SUBJECT: INTEGRITY CONCEPTS LLC, INC.

Ref. Number: W22000078691

We have received your document for INTEGRITY CONCEPTS LLC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

850-245-6963

Letter Number: 522A00013121

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314