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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 993904 8082534 **AUTHORIZATION:** COST LIMIT : ORDER DATE: February 4, 2016 ORDER TIME: 12:25 PM ORDER NO. : 993904-001 CUSTOMER NO: 8082534 DOMESTIC FILING NAME: INTEGRA QUALITY ASSURANCE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

1201 Hays Street

RTICLE 1 - Name:			
he name of the Limited L	liability Company is:		
	ALITY ASSURANCE, LLC		
(Mus	st end with the words "Limited Li	iability Company	y, "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and st	treet address of the principal offic	ce of the Limited	Liability Company is:
£r	incipal Office Address:		Mailing Address:
Suite 23044		Suit	e 23044
Fernando de la	Mora, CENTRAL, 2300	Fert	tando de la Mora,CENTRAL,2300
PY  RTICLE III - Registere	d Agent, Registered Office, &	PY Registered Age	
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Corporation Service Company By: Cyshis haki
Registered Agent's Signature (REQUIRED)

Cindy Leski - Assistant Vice President (CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MCR" = Manager AMBR  RAFAEL A. HERRNSDORF Suite 23044 Fernando de la Mora CENTRAL 2300 PY  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  control of the date is listed, the date must be specific and cannot be more than five business days prior to or late of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be determined as the control of State's records.  ICLE VI: Other provisions, if any  REQUIRED SIGNATURE:  By:  Signature of a member of an authorized representative of a member. This document is executed in accordance with section (05)(203 (1) (b), Florida Statutes to any 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.  RAFAEL A. HERRNSDORF  Typed or printed name of signee	'AMBI			Name and Address:			
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or se of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necument's effective date on the Department of State's records.  CLE VI: Other provisions, if any  REOURED SIGNATURE:  By:  Signature of a member of an authorized representative of a member.  This document is excueded in accordance with section 658(20)3 (1) (6), Florida Statutes I am aware that any 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.  RAFAEL A. HERRNSLORF  Typed or printed name of signee		' - Manager	Member	4. A MARIE A B. A			
Suite 23044  Fernando de la Mora CENTRAL 2300 PY  (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:	AMBF	_					
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