# M 15000000841

(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:	
JX (	
Office Use Only	



900046124479

02/14/05--01074--025 \*\*185.00

RECEIVED

05 FEB 14 PH 3: 13

WISION OF SERVICES

FILE FRORIDA

OS FEB I4 PM 12: 18

TALL AHASSEE: FLORIDA

TALL AHASSEE: FLORIDA



· · Tom larson		
Requester's Name		
Address		
City/State/Zip Phone #		
City/State/Zip Phone #		
CORPORATION NAME(S) & DOCU	IMENT NUMBER(S). (i	Office Use Only  Known):
·		TAL SE O
1. Integriquard	(Document #)	S F FE
•		SSE
2. (Corporation Name)	(Document #)	OF STATE
3.		HIZ: 18 FSTATE FLORID
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	· 10.
		Sets of contified Copy Copies
Walk in Pick up time _ Mail out Will wait		Certificate of Status
Triali out	<u> </u>	Commond of Smith
NEW FILINGS	AMENDMENTS	
☐ Profit☐ Not for Profit	Amendment  Resignation of R	.A., Officer/Director
Limited Liability	Change of Regis Dissolution/With	tered Agent
Domestication Other	Merger	igrawai
OTHER FILINGS	REGISTRATION/C	DUALIFICATION
Annual Report	Foreign LC	
☐ Fictitious Name	Limited Partners Reinstatement	hip
	Trademark Other	
	- Ohioi	
		Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State 2/16 Corrected

February 15, 2005

TOM LARSON

TALLAHASSEE, FL

SUBJECT: INTEGRIGUARD, LLC Ref. Number: W05000007788

May I please have 2/14 file date. (day I submitted filing

JOM

We have received your document for INTEGRIGUARD, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$185.00 payment.

The application is missing the R.A. PAGE. Please resubmit with an completed and signed R.A. page.

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 (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 405A0001054

RECEIVED

05 FEB 16 M 8 03

DIVISION OF CHIPCHAILON

ZATION POC

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

INTEGRIGUARD, LLC		
(Name of Foreign Lim	ited Lia	bility Company)
DELAWARE	3	51-0445932
sdiction under the law of which foreign limited liabi pany is organized)	lity .	(FEI number, if applicable)
2/11/03	5	PERPETUAL 🛴
(Date of Organization)	-2.5	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business (See sections 608.501 & 608.50)	in Flori 2 F.S. to	da, if prior to registration.) odetermine penalty liability)
FLA-BISC, 3450 LAKESIDE DRIVE,		
(Street Add	dress of	Principal Office)
		ompany, check here x
e name and usual business addresses of the  Lumetra	manag	, ,
		ring members or managers are as follows:
Lumetra One Sansome Street,		te 900
One Sansome Street,  San Francisco, CA Stacked is an original catificate of existence, no more that	Sui 9410 an 90 da nocopy e submi	te 900  4  ys old, duty authenticated by the official having custody of reservoir acceptable. If the catificate is in a foreign language, a tred.)
Lumetra  One Sansome Street,  San Francisco, CA Stacked is an original certificate of existence, no more that soliction under the law of which it is organized (A photion of the certificate under cath of the translator must be	Sui 9410 an 90 da nocopy e submi	te 900  4  ys old, duty authenticated by the official having custody of reservoir acceptable. If the catificate is in a foreign language, a tred.)
Lumetra  One Sansome Street,  San Francisco, CA Stacked is an original certificate of existence, no more that addition under the law of which it is organized (A photion of the certificate under oath of the translator must be lature of business or purposes to be conduct	Sui 9410 m90da mocopy esubmi	te 900  4  ys old, duly authenticated by the official having custody of resenct acceptable. If the certificate is in a foreign language, a tited)  promoted in Florida:
Dumetra  One Sansome Street,  San Francisco, CA  Signature of existence, no more that solicition under the law of which it is organized. (A pholicin of the certificate under cath of the translator must be lature of business or purposes to be conduct HEALTHCARE RELATED SERVICES  Signature of a member or a Chapcordance with section 608,408	Sui 9410 an 90 da ancopy esubmi ed or p	te 900  4  ys old, duly authenticated by the official having custody of resenct acceptable. If the certificate is in a foreign language, a tited)  promoted in Florida:
Dumetra  One Sansome Street,  San Francisco, CA  Signature of existence, no more that solicition under the law of which it is organized. (A pholicin of the certificate under cath of the translator must be lature of business or purposes to be conduct HEALTHCARE RELATED SERVICES  Signature of a member or a Chapcordance with section 608,408	Sui 9410 9410 esubmi ed or p an auth 8(3), F.S. of perjun	te 900  4  ys old duly authenticated by the official having custody of resent acceptable. If the certificate is in a foreign language, a tited)  promoted in Florida:

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

1.	The name of the Limited Liability Company is:
	NTEGRIGUARD, LLC
2.	The name and the Florida street address of the registered agent and office are:
	NRAI Services, Inc.
	(Name)
	2731 Executive Park Drive, Suite 4
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Weston FL 33331
	City/State/Zip

Flaving 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, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

NRAI Services, Inc.

By: Scard (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRIGUARD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRIGUARD, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windson Secretary of State 2705

DATE: 01-26-05

3624560 8300

050065826