Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

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Email Address:

Foreign Limited Liability Company Intelligrated Services, LLC

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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

10/21/2014

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COVER LETTER

	gistration Section vision of Corporatio	ns				
SUBJECT:	Intelligrated Service	es, LLC				
	· · · · · · · · · · · · · · · · · · ·		ted Liability Company			
The enclose Existence, a	d "Application by Found check are submitted	reign Limited Liability Cored to register the above refe	npany for Authorization erenced foreign limited	on to Tr I liabilit	ansact Business in Florida," Certi y company to transact business in	ficate o Florida
Please return	n all correspondence	concerning this matter to th	e following:			
	Amy Ball					
			Name of Person			
	Intelligrated					
			Firm/Company			
	7901 Innovation	n Way				
			Address			
	Ми з оп, ОН 450	140				
			State and Zip Code			
	amy.ball@intell					
		E-mail address: (to be us	ed for future annual repo	ri notific	cation)	
For further i	information concerning	ig this matter, please call:				
An	ny Ball		at 4 5 1 3 3 3	701-57	41	
		of Contact Person	Area Code	De	41 Sytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisi Regis Clifto 2661	ET ADDRESS: on of Corporations tration Section in Building Executive Center Circles tassee, FL 32301	le		
Enclosed i	is a check for the	following amount:				
	\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy		☐ \$160.00 Filing Fee, Certifice of Status & Certified Copy	atc

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Intelligrated Services, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "(L.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must includibility Company," "L.L.C," or "LLC.")	slude "Limited
2. DE 3. 46-3306859	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	 -
4.	
(Date tirst transacted business in Florids, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)	
5. 7901 Innovation Way	
Mason, OH 45040	公 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Street Address of Principal Office)	一
6. 7901 Innovation Way	
	(<i>)</i>
Mason, OH 45040	<u> </u>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/s	are:
Mark B. Tefend, Authorized Person	
7901 Innovation Way, Mason, OH 45040	
7901 Innovation way, Mason, OH 43040	
	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by	the official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy	is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of t	he translator
must be submitted)	
Mad las	
Signature of an authorized person	
(In accordance with section 605 0203, F.S., the execution of this Sucument constitutes of affirmation under the penalties of perjury that the facts am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a #17	stated herein are true (
Mark B. Tefend	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limi	ited Liability Company is:	
Intelligrated Services, LLC		
If unavailable, the alterna	ate to be used in the state of Florida is:	
2. The name and the Flo	orida street address of the registered agent and office are:	78.
СТСогр	oration System	題門
	(Name)	22 1
1200 Sou	th Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		8: 02 LORD
Plantation	n FL 33324	The .
	City/State/Zip	

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, 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 605, Florida Statutes.

C T Corporation System By:	KNS-Bold	Kristin Bolden Assistant Secretary
(Sig	nature)	

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

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INTELLIGRATED SERVICES, 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 SECOND DAY OF SEPTEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTELLIGRATED SERVICES, LLC" WAS FORMED ON THE BLEVENTH DAY OF JULY, A.D. 2013.

5365206 8300

141129141

You may verify this certificate unline at corp.delawero.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 09-02-14