# M 150000004747

| (Requestor's Name)                      |                   |             |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|
| (Ad                                     | dress)            |             |  |  |  |  |
| (Ad                                     | dress)            |             |  |  |  |  |
| (City/State/Zip/Phone #)                |                   |             |  |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |  |  |
| (Document Number)                       |                   |             |  |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |  |
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|   |                   |             |  |  |  |  |

Office Use Only



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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

| SURIECT:               | Integrated Global Se  | olutions, LLC   |                                       |  | ·   |  |
|------------------------|---|---|---------------------------------------|--|---|--|
| вобраст.               |   | Name of   | Limited Liability Com                 | npany  |   |  |
|                        |   | reign Limited Liability Comp<br>d to register the above refer |                                       |  |   |  |
| Please return          | all correspondence  | concerning this matter to the                                 | following:                            |  |   |  |
|                        | Julie Ruffolo   |   |                                       |  |   |  |
|                        |   | N   | ame of Person                         | The second secon |   |  |
|                        | ADEPT Strateg   | gists, LLC  |                                       |  |   |  |
|                        |   | Fi  | irm/Company                           |  |   |  |
|                        | 6278 North Fed  | leral Highway, Suite 147                                      |                                       |  |   |  |
|                        |   |   | Address                               |  |   |  |
|                        | Fort Lauderdale   | e, Florida 33308  |                                       |  |   |  |
|                        |   | City/S  | tate and Zip Code                     |  |   |  |
|                        | julie@adept.co  |   |                                       |  |   |  |
|                        |   | E-mail address: (to be used                                   | d for future annual rep               | ort notificat  | ion)  |  |
| For further inf        | ormation concernin  | g this matter, please call:                                   |                                       |  |   |  |
| Julie                  | Ruffolo   |   | 954 7<br>at ( )                       | 769-1533   |   |  |
| <del></del>            | Name o  | of Contact Person   | Area Code                             | Daytime  | Telephone Number                                    |  |
| Divis<br>Regis<br>P.O. | LING ADDRESS:<br>tion of Corporations<br>stration Section<br>Box 6327<br>hassee, FL 32314 |   | Di<br>Re<br>Cli<br>26                 | vision of Coegistration Seifton Buildir 61 Executivellahassee, Fl  | rporations<br>ection<br>ig<br>e Center Circle       |  |
|                        | check for the follow<br>25.00 Filing Fee  | ing amount:  ■ \$130.00 Filing Fee & Certificate of Status    | □ \$155.00 Filing F<br>Certified Copy |  | \$160.00 Filing Fee, Cer<br>Status & Certified Copy |  |

## $\begin{tabular}{l} \textbf{APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS\\ \textbf{IN FLORIDA} \end{tabular}$

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Integrated Global Solut<br>(Name of For  | tions, LLC<br>eign Limited Liability Company; must includ                                 | e "Limited Liability Company," "L.L.C.," or "  | 'LLC.")                 |      |
|---|---|--|-------------------------|------|
| (If name unavailable, enter a Liability Company," "L.L.C,   |   | sacting business in Florida. The alternate name  | e must include "Limite  | ed   |
| Commonwealth of Puer  | to Rico   | 66-0750983   |                         |      |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable) |   |  |                         |      |
| 4. <u>N/A</u>   | 1   |  |                         |      |
|   | (Date first transacted business in Flo<br>(See sections 605.0904 & 605.0905, F            | orida, if prior to registration.) S. to determine penalty liability)   |                         |      |
| 5. Centro Internacional d   | e Mercadeo, PR-165, Torre 2 #90, Suite  |  |                         |      |
| Guaynabo, PR 00968-8  | 3058  |  |                         |      |
| · · ·   | (Street Address of Principal  | Office)  |                         |      |
| 6. 6278 North Federal Hig   | ghway, Suite 147  |  | ESE 5                   | i    |
| Fort Lauderdale, Floric   | ia 33308  |  | SEORETARI<br>ALLAHASSE  | -    |
|   | (Mailing Address)   | )  | <b>25</b> 25            | : 프≥ |
| 7. Name and street addres   | ss of Florida registered agent: (P.O. Box   | NOT acceptable)  | SECRETARY OF STA        |      |
| Name:   | Julie Ruffolo   |  | SIAIE<br>SIAIE<br>2: Qt | )    |
| Office Address:   | 6278 North Federal Highway, Suite 14  | 7  | Kw 5                    | ,    |
|   | Fort Lauderdale   | , Florida 33308  |                         |      |
| Registered agent's accep  | (City)  | (Zip code)   |                         |      |
| this application, I hereby  | accept the appointment as registered ag<br>statutes relative to the proper and comp       | process for the above stated corporation of the state of the and agree to act in this capacity. If the lete performance of my duties, and I am | urther agree to com     | ıply |
|   | (Registered age   | nt's signature)  |                         |      |
| 8. The name, title or capa  | acity and address of the person(s) who ha   | s/have authority to manage is/are:   |                         |      |
| Exel F. Colon Rivera, PE,   | , Principal, 6278 North Federal Highway   | , Suite 147 Fort Lauderdale, FL 33308  |                         |      |
| Julie Ruffolo, Authorized   | Representative, 6278 North Federal Hig  | hway. Suite 147 Fort Lauderedale, FL 333   | 308                     |      |
| Warner Palermo Garcia, I  | PE, Principal, 6278 North Federal Highw   | ay, Suite 147 Fort Lauderdale, FL 33308  |                         |      |
|   | of which it is organized. (If the certificat ubmitted)                                    | duly authenticated by the official having ce is in a foreign language, a translation of  |                         |      |
|   | Signature of an au  | thorized person  |                         |      |
|   | n 605.0203, F.S., the execution of this do<br>true. I am aware that any false information | ocument constitutes an affirmation under to submitted in a document to the Departm   |                         |      |

Typed or printed name of signee

Julie Ruffolo





15 JUN 15 PM 2: 04

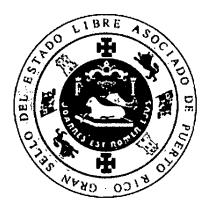
SECRETARY OF STATE TALLAHASSEE FLORIDA

## Commonwealth of Puerto Rico DEPARTMENT OF STATE San Juan, Puerto Rico

### CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **INTEGRATED GLOBAL SOLUTIONS, LLC**, register number **4264**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **August 10, 2010**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, May 18, 2015.

DAVIDE. BERNIER RIVERA

Secretary of State

To validate this certificate go to: http://www.estado.gobierno.pr

This certificate can be validated up to 2 times before its expiration date of 16-Aug-2015.

Certificate Validation Number: 114071-72972577