

M15000005038

(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:

Office Use Only



400271729374

04/23/15--01004--001 **125.00

FILED

2015 JUN 22 P 12:54

CLERK OF DISTRICT COURT
JULIA A. SCHROEDER

Handwritten signature

JUN 26 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

VINCENT GUTHRIE
10434 MAMMOTH AVE
BATON ROUGE, LA 70814

SUBJECT: INTEGRATED SERVICE SOLUTIONS, LLC
Ref. Number: W15000030710

We have received your document for INTEGRATED SERVICE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

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) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 815A00010565



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY 19 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 30, 2015

VINCENT GUTHRIE
PO BOX 9211
MARIETTA, GA 30065

SUBJECT: INTEGRATED SERVICE SOLUTIONS, LLC
Ref. Number: W15000030710

We have received your document for INTEGRATED SERVICE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please insert the alternate name in the space provided on the application form.

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The document number of the name conflict is P00000117737 (INTEGRATED SERVICE SOLUTIONS CORP.).

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 515A00008933

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Service Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Vincent Guthrie

Name of Person

Integrated Service Solutions, LLC

Firm/Company

P.O. Box 9211

Address

Marietta, GA 30065

City/State and Zip Code

vince@issolutions.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Guthrie

Name of Contact Person

404

Area Code

664-1796

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS: X

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. **Integrated Service Solutions, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Global Integrated Service Solutions, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **State of Georgia, USA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-3730239**

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **217 Walker St SW**

Atlanta, GA 30313

(Street Address of Principal Office)

6. **P.O. Box 9211**

Marietta, GA 30065

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Vincent Guthrie, President

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 the translator must be submitted)

Vincent L. Guthrie

Signature of an authorized person

(In accordance with section 605.0283, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Vincent Guthrie

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 Limited Liability Company is:

Integrated Service Solutions, LLC

If unavailable; the alternate to be used in the state of Florida is:

Global Integrated Service Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

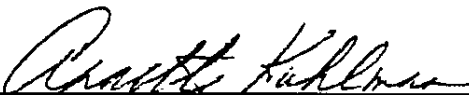
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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.


(Signature)

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER:	150310100
CONTROL NUMBER:	0547982
DATE INC/AUTH/FILED:	7/11/2005
JURISDICTION:	GEORGIA
PRINT DATE:	03/10/2015
FORM NUMBER:	211

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia,
do hereby certify under the seal of my office that

INTEGRATED SERVICE SOLUTIONS, LLC LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to
transact business in Georgia on the above date. Said entity is in
compliance with the applicable filing and annual registration
provisions of Title 14 of the Official Code of Georgia Annotated
and has not filed articles of dissolution, certificate of
cancellation or any other similar document with the office of the
Secretary of State.

This certificate relates only to the legal existence of the above-
named entity as of the date issued. It does not certify whether
or not a notice of intent to dissolve, an application for
withdrawal, a statement of commencement of winding up or any other
similar document has been filed or is pending with the Secretary
of State.

This certificate is issued pursuant to Title 14 of the Official
Code of Georgia Annotated and is prima-facie evidence that said
entity is in existence or is authorized to transact business in
this state.



B. P. Kemp

Brian P. Kemp
Secretary of State