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| (Re                                     | questor's Name)  | )            |
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| PICK-UP                                 | ☐ WAIT           | MAIL         |
| (Bu                                     | siness Entity Na | me)          |
| (Do                                     | cument Number    | )            |
| Certified Copies                        | _ Certificate    | es of Status |
| Special Instructions to Filing Officer: |                  |              |
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## **COVER LETTER**

| SUBJECT:         | INTEROLY SS LLC                                                                                                                                                                                                                           |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: _       | Name of Limited Liability Company                                                                                                                                                                                                         |
|                  | Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florid |
| Please return a  | ll correspondence concerning this matter to the following:                                                                                                                                                                                |
|                  | DANIEL BARNETT                                                                                                                                                                                                                            |
|                  | Name of Person                                                                                                                                                                                                                            |
|                  | INTEGRITY 53 LLC Firm/Company                                                                                                                                                                                                             |
|                  | Firm/Company                                                                                                                                                                                                                              |
|                  | 6009 LANDÉRHAVEN Dr. #D                                                                                                                                                                                                                   |
|                  | Address                                                                                                                                                                                                                                   |
|                  | Mayrie-O Hts OH 44124  City/State and Zip Code                                                                                                                                                                                            |
|                  | City/State and Zip Code                                                                                                                                                                                                                   |
|                  | E-mail address: (to be used for future annual report notification)                                                                                                                                                                        |
|                  | E-mail address: (to be used for future annual report notification)                                                                                                                                                                        |
| For further info | ormation concerning this matter, please call:                                                                                                                                                                                             |
|                  | Dan Barnett at (216) 896 3602 199  Name of Contact Person Area Code Daytime Telephone Number                                                                                                                                              |
|                  | LING ADDRESS: on of Corporations  STREET ADDRESS: Division of Corporations                                                                                                                                                                |
| Regist           | tration Section Registration Section                                                                                                                                                                                                      |
|                  | Box 6327 Clifton Building assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301                                                                                                                                              |
|                  | heck for the following amount: 25.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status \$\sum \\$Certified Copy \$\sum \\$160.00 Filing Fee, Certified Copy                                                                  |

## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: INTEGRITY SS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") 3. 47-4577027 0 410 (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) LANDSRHAUEN D MATRIELD HTS OH 44124
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Dan BANNITT (6) INTIGAITT

ROOS BROND ST

BROOKS VILLE, Florida 34604

(City) (Zip code) Name: Office Address: Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: DANIEL BARRET 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), 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.

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INTEGRITY SS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2368846, was organized within the State of Ohio on February 19, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of February, A.D. 2016.

**Ohio Secretary of State** 

for Hastel

Validation Number: 201603202818