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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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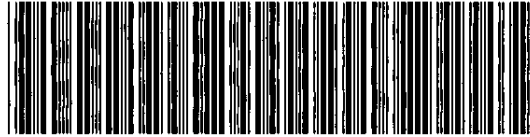
(Business Entity Name)

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FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 APR 22 PM 10:00

APR 25 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAM Integrated 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:

Kavon Rajabi

Name of Person

CAM Integrated Solutions

Firm/Company

11757 Katy Fwy, Suite 1120

Address

Houston, TX 77079

City/State and Zip Code

krajabi@camintegrated.com

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

For further information concerning this matter, please call:

Kavon Rajabi

832

225-1328

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

16 APR 22 PM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

1. CAM Integrated Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

N/A

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

2. Delaware 3. 47-5212503
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 11757 Katy Fwy, Suite 1120
Houston, TX 77079
(Street Address of Principal Office)

6. 11757 Katy Fwy, Suite 1120
Houston, TX 77079
(Mailing Address)


7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 22 PM 10:00

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 comply with 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.

 Adam Saldana, Asst. Secretary
(Registered agent's signature)

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

KAVON RAJABI DIRECTOR OF BUSINESS OPERATIONS
11757 KATY FWY, SUITE 1120
HOUSTON, TX 77079

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.

Kavon Rajabi
Typed or printed name of signer

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "CAM INTEGRATED
SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY
OF SEPTEMBER, A.D. 2015, AT 1:46 O'CLOCK P.M.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 22 PM 10:00




Jeffrey W. Bullock, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:46 PM 09/24/2015
FILED 01:46 PM 09/24/2015
SR 20150251183 - File Number 5832429

**CERTIFICATE OF FORMATION
OF
CAM INTEGRATED SOLUTIONS, LLC**

This Certificate of Formation of CAM Integrated Solutions, LLC (the "LLC") is being duly executed and filed by T. Charlotte Bennett, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101 et seq.).

FIRST. The name of the limited liability company formed hereby is CAM Integrated Solutions, LLC.

SECOND. The address of the LLC's registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of September 24, 2015.

/s/ T. Charlotte Bennett

T. Charlotte Bennett
Authorized Person

FILED
SECRETARY OF STATE
FALLAHASSE, FLORIDA
16 APR 22 PM 10:00