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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

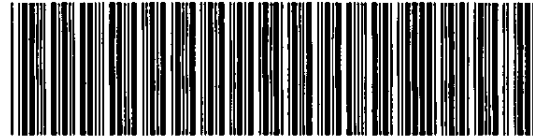
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC -5 AM 9:48

FILED

T WASHINGTON

DEC 06 2016

01/08/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2016

TAMMY LEWIS
412 HIGHWAY 43 N
SARALAND, AL 36571

SUBJECT: INTEGRITY MEDICAL SERVICES LLC
Ref. Number: W16000077160

We have received your document for INTEGRITY MEDICAL SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 616A00024406

RECEIVED

2016 DEC -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRITY MEDICAL SERVICES 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:

TAMMY LEWIS

Name of Person

INTEGRITY MEDICAL SERVICES LLC

Firm/Company

412 HIGHWAY 43 N

Address

SARALAND, AL 36571

City/State and Zip Code

TAMMY@INTEGRITYNURSING.NET & BRETT@PRICECPAS.COM

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

For further information concerning this matter, please call:

THOMAS BRETT HENRY, CPA

615

577-6643

at ()

Name of Contact Person

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

**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. INTEGRITY MEDICAL SERVICES LLC

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

Integrity Medical Services USA 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. ALABAMA

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

3. 81-4252754

(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. 412 HIGHWAY 43 N

SARALAND, AL 36571

(Street Address of Principal Office)

6. 412 HIGHWAY 43 N

SARALAND, AL 36571

(Mailing Address)

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

Name: Tammy Lewis

Office Address: 1118 Orange Ave South Suite 102

Orlando, Florida 32706
(City) (Zip code)

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.

Tammy Lewis
(Registered agent's signature)

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

TAMMY LEWIS, MANAGING MEMBER

412 HIGHWAY 43 N

SARALAND, AL 36571

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.)

Tammy Lewis
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.

TAMMY LEWIS, MANAGING MEMBER

Typed or printed name of signee

FILED
16 DEC -5 AM 9:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Integrity Medical Services LLC

This name reservation is for the exclusive use of Tammy Lewis, 412 Hwy 43 N,
Saraland, AL 36571 for a period of one year beginning October 27, 2016 and
expiring October 27, 2017

16 DEC -5 AM 9:49
SECRETARY OF STATE
TAMMY LEWIS, FLORIDA



RES739483

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

October 27, 2016

Date

J. H. Merrill

John H. Merrill

Secretary of State