118000006834

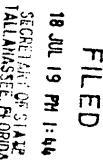
| (Re | questor's Name) | |
|-------------------------|---------------------------|--|
| · | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| (Git | ty/State/Zip/Phone # | ······································ |
| (0 | y, otato, z.ip., Hollo ii | , |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Name |) |
| (0) | | |
| (De | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| : | | |
| | | |
| | | |
| | | |





500315856025

07/18/18--01020--014 **189.00



K. SALY

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | Integrity Fulfillment | 1.f.C | | | | |
|-----------------------------|---|--|---|---|---|--------------------------------|
| зованет. | | Name of l | imited Liability C | Company | | |
| The enclose Existence, a | d "Application by Fore | ign Limited Liability Comp to register the above refere | any for Authoriza nced foreign limit | tion to Tra ed liability | nsact Business in Florida," company to transact busin | Certificate of ess in Florida. |
| Please retur | n all correspondence co | oncerning this matter to the | following: | | | |
| | DeAnna Monter | nayor | | | | |
| | | Na | me of Person | | | |
| | Wyoming Corpo | orate Services, Inc. | | | | |
| Firm/Company | | | | | | |
| | 1712 Pioneer Av | ve. | | | | |
| | | | Address | - | | |
| | Cheyenne, WY | 82001 | | | | |
| | | City/St | ate and Zip Code | | | |
| | | | | - | · · · · · · · · · · · · · · · · · · · | |
| | | E-mail address: (to be used | i for future annual | report not | meation) | |
| For further | information concerning | this matter, please call: | | | | |
| D | eAnna Montemayor | | 307 _ at (| 632-33 | | |
| | Name of | Contact Person | Area Code | Day | time Telephone Number | |
| Di Re P.o | vision of Corporations egistration Section O. Box 6327 dlahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exc | * ADDRESS: of Corporations ion Section uilding ecutive Center Circle sec. FL 32301 | |
| | a check for the following \$125.00 Filing Fee | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ig Fee & | ☐ \$160.00 Filing Fee, C of Status & Certified Co | |

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

IN COMPLIANCE WITH SEATION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

| COMPANY TO TRANSACT B | SINESS IN THE STATE OF FLORIDA: | OLDOWING IS SOBWITT | ED TO REGISTER A | PUREJUN IJMITEJ LIABIL | | |
|---|--|--|--|-------------------------------------|--|--|
| 1. Integrity Fulfillment L | rc | | | | | |
| (Name of Foreign | Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | | | | |
| (If name unavailable, enter alternate | came adopted for the purpose of transacting business in Flo | orida. The alternate name must in | nclude "Limited Liability C | Company," "L.L.C," or "LLC.") | | |
| 2. Wyoming | | 3. | | | | |
| (Jurisdiction under the law of v | much foreign limited liability company is organized) | J | (FEI number, if a | pplicable) | | |
| 4 Upon Filing | | | | | | |
| T | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) ine penalty liability) | · - · · · · · · · · · · · · · · · · · · · | - : 4.0 6 | | |
| 5. 7675 Pine Island Way | • 1 | 6. 7675 Pine Isl | and Way | 声 出 1 | | |
| (Street Address of | L · | | (Mailing Address) | | | |
| West Palm Beach, FL | 53411 | West Palm Be | each, FL 33411 | - 300 6 | | |
| | | | | 100 | | |
| /. Name and street addre | s of Florida registered agent: (P.O. Box | NOT acceptable) | | 97 F | | |
| Name: | Jeffrey Diebner | | | E 6 | | |
| Office Address: | 7675 Pine Island Way | | | | | |
| | West Palm Beach | Florid | da 33411 | | | |
| | (City) | , FIORIC | (Zip code) | - | | |
| | ions of all statutes relative to the proper is of my position as registered agent | ana complete perjorn | nance of my duties | s, and I am familiar will | | |
| | (Registered agent's | | | _ | | |
| | (Registered agent s | ntame) | | | | |
| 8. The name, title or cap | acity and address of the person(s) who ha | s/have authority to ma | nage is/are: | | | |
| Title or Capacity: | Name and Address: | Title or Capacit | <u>Ne</u> | <u>ime and Address:</u> | | |
| MGR | Jeffrey Dicbner | | | | | |
| | 7675 Pine Island Way | | | | | |
| | West Palm Beach, FL 33411 | - | _ | | | |
| | | | | | | |
| | | | | | | |
| | | - | _ | | | |
| (Use attachments if neces | stary) | - | | | | |
| | of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) | | | | | |
| 0. This document is execubmitted in a document to | exted in accordance with section 605.0203 of the Dopartment of State constitutes a thi | ed degree felony as pro | ovided for in s.817. | any false information .155, F.S. | | |

DeAnna Montemayor, on behalf of, Integrity Fulfullment, LLC, Authorized Agent Typed or printed name of signee

Signature of an authorized person

STATE OF WYOMING Office of the Secretary of State



I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Integrity Fulfillment LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 28, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000810011**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of July, 2018 at 12:54 PM. This certificate is assigned 027257429.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.