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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY OMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TNTEGRITY TECHNICAL SEAKCH, LLC.

ne of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") t 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.") (FEI number, if applicable).

(Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (Jurisdiction under the law of which foreign limited liability company is organized) 6. 21660 AVATON DRIVET

(Mailing Address) E E

ROCKY RIVER, OHIO 44116 21660 AVALON DRIVE
(Street Address of Principal Office) Rocky River, Ohio 44116 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Adam Best

8791 Caastline Court Unit #102

Naples

(City)

Florida 34/20
(Zap code) Name: jistered agent's acceptance: ing been named as registered agent and to accept service of process for the above stated limited liability company at the place gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to nanage [up to six (6) total]: itle or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Name: _____ Address: 21660 Avalon Drive Member Member Address: Authorized Authorized Person Person Other Other_____ Other_]Manager Name: Manager Manager Member Address: Member Authorized Authorized Person Person Other___ Other____ Other__ Other____ Name: Name: ☐ Manager Manager Address: Member Address: _____ Member Authorized Authorized Person Person Other____ Other____ Other Other_____ ortant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonxed individuals may be added to the index when filing your Florida Department of State Annual Report form. ttached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the diction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath e translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information nitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

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

I, Frank LaRose, 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 TECHNICAL SEARCH, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3963066, was organized within the State of Ohio on November 27, 2016, 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 3rd day of December, A.D. 2019.

Ohio Secretary of State

Fred John

Validation Number: 201933700900