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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

Foreign Limited Liability Company Integrity Search, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

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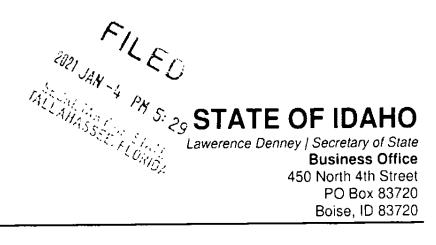
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

or unavailable enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Company,	.""L_L_C," or "L	
daho		82-2291245		
irisdiction under the law of	high foreign limited liability company is organized)	(EEI number, if applicable	ke)	
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.) ic penalty hability)		
7901 4th	St N	6. 3597 E Monarch S	ky Ln	
STE 300	Principal Office)	Suite 240		
St. Petersb	ourg, FL 33702	Meridian, Idaho 8	33646	
lame and street addr	ess of Florida registered agent: (P.O. Box	NOT acceptable)	50	
	Northwest Registered Age	_	TALLATIASS	
Name:			94 17	
	7901 4th St N ST	∃ 300	-17	
Name: Office Address	7901 4th St N STE	= 300 , Florida 33702 	Trugalibe	
Office Address	St. Petersburg (City) Splance: Splanc	22702	company pacity. 1	

Member Address: 7901 4th St N STE 300 Authorized St. Petersburg, FL 33702 Person Person Other	Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address: Name: Lindsay Wyatt		
Authorized St. Petersburg, FL 33702 Authorized St. Petersburg, FL 33702 Person Person Other Other	Manager	Name: William Drew	☐ Manager	7901 4th St N STE 300		
Person Person Person Manager Name:	☑Member					
Other	Authorized	St. Petersburg, FL 33702	Authorized	J. Petersburg, 12 Gorde		
Manager Name:	Person		Person			
Member Address:	Other	Other	Other	Other		
Authorized	Manager	Name:	☐ Manager	Name:		
Authorized Person Person Other Other Other Other Other Other Manager Name: Member Address: Authorized Person Person Other Other Other Other Member Address: Authorized Person Person Other Other Other Other Person Person Other Other Other Other Tother Other Other Other Person Other Ot	Member	Address:	Member	Address:		
Person	Authorized		Authorized			
Manager Name: Other Othe	Person		Person	$\mathcal{G}_{\mathcal{G}}$		
Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Totant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-fexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the 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	Other	Other	Other	Other Other		
Authorized Person Person Other Ot	Manager	Name:	Manager	Name:		
Person Other	Member	Address:	Member	Address:		
Other	Authorized		Authorized			
portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-dexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out the 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	Person		Person			
dexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out the 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	Other	Other	Other	Other		
bmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Person Other Important Notice: Undexed individuals 9. Attached is a cer jurisdiction under to the translator mu 10. This document	Jse an attachment to report more than six (6). It is may be added to the index when filing your Fittificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate is the submitted)	Person Other The attachment will be implored Department of State duly authenticated by the te is in a foreign language (1) (b), Florida Statutes	Other		
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Typed or printed name of signce





December 29, 2020

Request Type: Certificate of Existence/Filing

Request #:

0004109761

Receipt #:

000425010

Regarding:

Integrity Search, LLC

Filing Type: Limit

Limited Liability Company (D)

Formation/Qualification Date: 11/12/2020

Status:

Active-Existing

Duration Term:

Perpetual

Issuance Date: 12/29/2020

Copies Requested:

0

File #: 4

4066321

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Integrity Search, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 010491223

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov