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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

.:Email Address:

Foreign Limited Liability Company **Integrity Pension Services, LLC**

Certificate of Status	0
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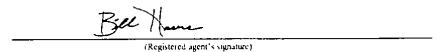
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in FI	lorida. The alternate name must i	nelude "Limited Liability Comp	nany," "L.L.C.," (or "L.L.C."
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, (Eapplicable)		
	Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deterr	o registration) nune penalty liability)		
6402 19th	Street W	PO Bo	ox 65500	
(Street Address of	rincipal Office)		(Mailing Address)	
		-		
Tacoma Wash	ington 98466	University	Place Washingt	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		-	Place Washingt	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	ington 98466 ss of Florida registered agent: (P.O. Bo.	-	Place Washingt	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		x NOT acceptable)	Place Washingt	2021 NOV 22 SECRETARY ALLAHASSER
Name and street addre	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)	Place Washingt	SECRETARY OF CALLAHASSEE, FL
Name and street addre	Registered Agent	x <u>NOT</u> acceptable)	33702	2021 NOV 22 PM 4: SECRETARY OF STA ALLAHASSEELFLOR

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.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Yannis Koumantaros Name: Petros Koumantaros Manager Manager Address: 6402 19th Street W Address: 6402 19th Street W Member Member Tacoma WA 98466 Tacoma WA 98466 Authorized Authorized Person Person Other____ Other Other Other Manager Name: Manager Address: Member Member Address: ____ Authorized Authorized Person Person Other____ Other____ Other Other _____ Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Riley Park

Lyped or printed name of signee



Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

INTEGRITY PENSION SERVICES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/05/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/18/2021

UBI Number: 604 543 546



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 11/18/2021