(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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RECTIVED

FI,ORIDA-CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Integrity Capital Holdings LLC BUSINESS	DOCUMENT #	
Walk in	Pick up time	
Mail out	Will wait	
Photocopy		
_X_Certified Copy of Articles		
X_ Certificate of Status		
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A. Officer/I	
Limited Liability	Change of Registered Agent Dissolution/Withdrawal	
Domestication	Dissolution/withdrawai Merger	
Other CORP	Conversion	
COKI	Revocation	
OTHER FILINGS	REGISTRATION/QUALIFICATIONS	
Annual Report	_X_ Foreign filing	
Fictitious Name	Limited Partnership Reinstatement	
APOSTILLE ()	Other	

COVER LETTER

TO:

Registration Section

	Name o	of Limited Liability Company
enclosed "/ stence, and o	Application by Foreign Limited Liability Cocheck are submitted to register the above re-	ompany for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Flori
ase return al	l correspondence concerning this matter to	the following:
	Christopher Cates	
		Name of Person
	Integrity Capital Holdin	ngs LLC
		Firm/Company
	7478 Hawks Circle	
		Address
	Hanahan, SC 2941	0
	Cit	y/State and Zip Code
	chris.r.cates@gmail.c	com
	E-mail address: (to be u	ised for future annual report notification)
further info	rmation concerning this matter, please call:	
Ch	ristopher Cates	a(843_)300-5342
	Name of Contact Person	Area Code Daytime Telephone Number
<u>Mailir</u>	ng Address:	Street Address:
	stration Section	Registration Section
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
•	hassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enclo	sed is a check for the following amount:	
Plance	make check payable to: FLORIDA DEPA	ARTMENT OF STATE

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:

South Caroli	na	2	88-3118955	
	hich foreign limited liability company is organized)	_ 3.	(FEI numbe	r, if applicable)
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to de	ior to registration) iability)	
478 Hawks Circle	e, Hanahan, SC 29410	6	7478 Hawks Circle, Ha	nahan, SC 29410
Address of Principal Office)		V 1	(Mailing Address)	2022 JU
		•		37. 60
ame and street addres	s of Florida registered agent: (P.O.	Box <u>NOT</u> a	cceptable)	AM 8: 35 F1 ORIU
Name:	Registered Agents	Inc.		
Office Address:	7901 4th St N STE 3	800		
	St. Petersburg		, Florida 33702	
	(City)		(Zip code)	

(Registered agent's signature)

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Christopher Cates Name: □Manager □Manager Address: 7478 Hawks Circle □Member Address: Hanahan, SC 29410 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other ☐Manager Name: Name: ☐ Manager □Member Address: Address: ☐ Member ☐ Authorized □ Authorized Person Person Other □Other_____ □Other _____ Name: □Manager □Manager Address: □ Member Address: ☐ Member ☐ 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. (Jul 7, 2022 16 43 EDT) Signature of an authorized person

Typed or printed name of signee

Christopher Cates

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Integrity Capital Holdings LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 13th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 19th day of May, 2022.

Mark Hammond, Secretary of State