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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)203-0845
Fax Number : (614)573-3996

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

Email Address: mreaves@ids.michigan.com

**Foreign Limited Liability Company
INTEGRATED DESIGN SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INTEGRATED DESIGN SOLUTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

HDS Architects & Engineers, LLC

If 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.")

2. MI 38-3501121
(Jurisdiction under the law of which foreign limited liability company is organized) (DIT Number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

5. 1441 W. Long Lake Rd, Ste 200 Troy, MI 48098 6. 1441 W. Long Lake Rd, Ste 200 Troy, MI 48098
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1206 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System
By: Christine Kelm, Assistant Secretary
(Registered agent's signature)

Christine Kelm

2023-09-27 13:36:34

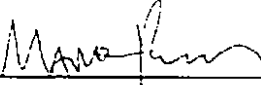
8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name, <u>Mark Reaves</u>	<input type="checkbox"/> Manager	Name, <u>Charles Lewis</u>
<input checked="" type="checkbox"/> Member	Address: <u>1441 W. Long Lake Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1441 W. Long Lake Road</u>
<input type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	<u>Suite 200</u>
Person	<u>Troy, MI 48098</u>	Person	<u>Troy, MI 48098</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name <u>Michael Nowicki</u>	 <input type="checkbox"/> Manager	Name <u>Bruce Snyder</u>
<input checked="" type="checkbox"/> Member	Address: <u>1441 W. Long Lake Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1441 W. Long Lake Road</u>
<input type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	<u>Suite 200</u>
Person	<u>Troy, MI 48098</u>	Person	<u>Troy, MI 48098</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name _____	 <input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

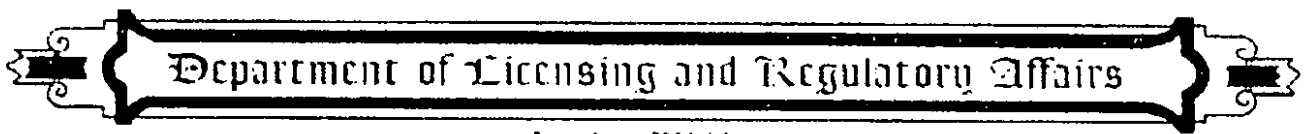
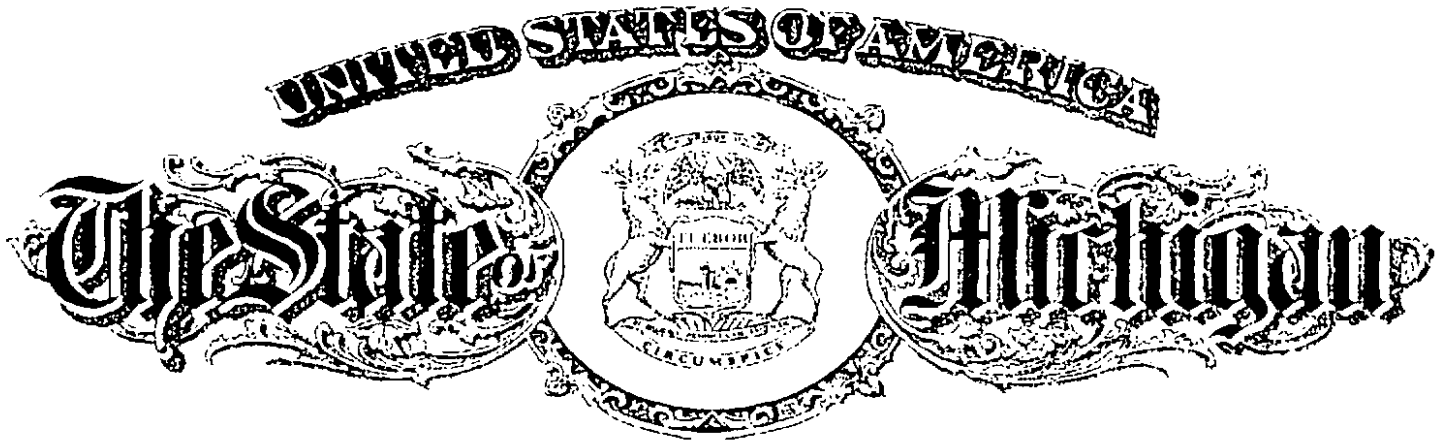
9 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.



 Signature of an authorized person
 Mark Reaves

 Typed or printed name of signer



This is to Certify That

INTEGRATED DESIGN SOLUTIONS, LLC

was validly authorized on November 16, 1999, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of September, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23090565402