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(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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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Integris Solutions LLC ECT:				
		ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence concerning this matter	to the following:			
	Amy Alost				
		Name of Person			
	Integris Solutions LLC				
	Firm/Company				
	11494 Luna Rd.				
Address					
	Dallas, TX 75234				
City/State and Zip Code					
	tax@integrissolutions.com				
	E-mail address: (to b	e used for future annual report notification)			
For fur	ther information concerning this matter, please ca	all:			
Jack Marquardt		214 729-6042 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI	PARTMENT OF STATE			
	■ \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Integris Solutions LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," T. L.C.," or "LLC.")	
(It name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L.1, C," or "LLC ")
Texas 2.	hich foreign limited liability company is organized)	47-1620164 3. (FEI numbe	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numbe	r, it applicables
February 16, 2015			
	(Date first transacted business in Florida, if prior to r (See sections 605-0904 & 605-0905, F.S. to determine	egistration (ne penalty liability)	
11494 Luna Rd.		6. (Mailing Address)	
(Street Address of Principal Office)		(Mailing Address)	2
Dallas, TX 75234		Dallas, TX 75234	SECULET TO
			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	がいる。
Name:	Corporation Service Company		기계 의
Office Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(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.

Clizabeth Harris Elizabeth Harris, assistant VP

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:	Title or Capacity	Name and Address:
□Manager	Name: Philip Odette	□Manager	Name:
■Member	Address: 2331 Lonesome Dove Rd.	□Member	Address: 10727 Dixon Branch Dr.
□Authorized	Southlake, TX 76092	■ Authorized	Dallas, TX 75218
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□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. 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

Amy Alost

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

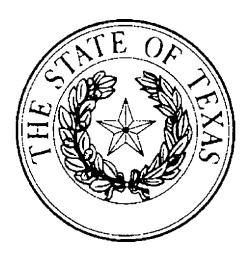
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Integris Solutions LLC (file number 802044825), a Domestic Limited Liability Company (LLC), was filed in this office on August 13, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 18, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Helson

Jane Nelson Secretary of State