

TRANSMITTAL LETTER

P000000107701

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Integrated Solutions, Inc.
(Proposed corporate name - must include suffix)

700003403517--3
-09/26/00--01011--004
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Brett C. Conliffe
Name (Printed or typed)

P.O. Box 3313
Address

South Florida, Florida 33082-3313
City, State & Zip

(954) 436-5141
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 3:16

FILED

NOTE: Please provide the original and one copy of the articles.

✓ T. Burch NOV 17 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 26, 2000

BRETT C. CONLIFFE
PO BOX 3313
SOUTH FLORIDA, FL 33082-3313

SUBJECT: INTEGRATED SOLUTIONS, INC.
Ref. Number: W00000023334

We have received your document for INTEGRATED SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 500A00050467



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 23, 2000

BRETT C. CONLIFFE
PO BOX 3313
SOUTH FLORIDA, FL 33082-3313

SUBJECT: RENAISSANCE INTERGRATED CORPORATION
Ref. Number: W00000023334

We have received your document for RENAISSANCE INTERGRATED CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 300A00055373

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Renaissance Integrated Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 3313
South Florida, Florida 33082-3313

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Marcia M. Conliffe
13180 NW 19th Street
Pembroke Pines, Florida 33082

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brett C. Conliffe
P.O. Box 3313
South Florida, Florida 33082-3313


Signature/Incorporator

11/1/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

11/2/00
Date

FILED
00 NOV 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA