

**P24000070584**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INTEGRATION HOLDINGS INC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: INTEGRATION HOLDINGS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4995 NW 72 AVE SUITE 300Miami FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Evelyn Rodriguez - PRESAddress: 4995 NW 72 AVE  
Suite 300  
Miami FL 33166

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Pedro Valdes - VPAddress: 4995 NW 72 AVE  
Suite 300  
Miami FL 33166

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Evelyn Rodriguez  
Address: 4995 NW 72 AVE SUITE 300  
Miami FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Evelyn Rodriguez  
Address: 4995 NW 72 AVE SUITE 300  
Miami FL 33166

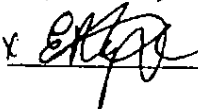
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X 

Required Signature/Registered Agent

11/14/2024  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

X 

Required Signature/Incorporator

11/14/2024  
Date

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