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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W24000146769						

Office Use Only



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FILED

FEB 0 7 2025

K. Brumbley



October 29, 2024

RICK CONCES 5837 221ST PL SE ISSAQUAH, WA 98027 US

SUBJECT: INTEGRITY HOME INTEGRATION, INC.

Ref. Number: W24000146769

We have received your document for INTEGRITY HOME INTEGRATION, 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return 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) 245-6051.

Letter Number: 724A00023816

Corey Pettway Regulatory Specialist II

COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	T: Integrity Home Integration, Ir	nc				
JODGE			ı - must includ	e suffix		
Dear Sir o	or Madam:					
"Certifica	osed "Application by Foreign Corpute of Existence," or "Certificate of transcended foreign corporation to transcended foreign corporation to transcended foreign corporation to transcended foreign corporation to transcend	f Good Star	iding" and che			
Please ret	urn all correspondence concerning	g this matter	to the followi	ng:		
Richard C	Conces					
		Name of	Person	·		
Integrity F	Home Integration, Inc					
		Firm/Con	npany			
5837 221	ST PL SE					
	-	Addre	288			
ISSAQUA	.H, WA, 98027					
		City/State a	nd Zip code			
rick@ihi-r	w.com					
	E-mail address:	(to be used t	for future annu	al report i	notification)	
For furthe	er information concerning this mat	ter, please c	eall:			
Richard C	Conces 425 746 1262					
	Name of Person	Area Cod	e Dayti	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please mak	is a check for the following amouse check payable to: FLORIDA DEF Filing Fee	PARTMENT Fee &	OF STATE 3 \$78.75 Filing Certified Co	-	\$87.50 Filing Fee Certificate of Sta Certified Copy	tus &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Integrity Home	Integration, Inc.						
	corporation; must include "INCORPORATEI forp." "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	<u>,,,,</u>				
(If name unavail	able in Florida, enter alternate corporate nam		g business in Florida)				
Washington	3	3. 20-2321233	20-2321233				
(State or country	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)				
02/01/2005		5. N/A					
	e of incorporation)	5. (Date of duration, if other t	han perpetual)				
N/A D							
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabilit	ty)				
, 5837 221ST PL	SE, ISSAQUAH, WA, 98027						
·	(Principal o	ffice street address)					
5837 221ST PL	. SE, ISSAQUAH, WA, 98027						
	(Current mail	ling address, if different)	21				
			2025 JAN 24				
3. Name and <u>stre</u>	et address of Florida registered agent: (P	O. Box NOT acceptable)					
Name:	Vanessa Garcia		24 日本語				
Office Address:	4432 SW 74th Ave						
	Miami	. Florida	3: 40				
	(City)	(Zip code)	. 0				
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin comply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agre relative to the proper and complet	ve to act in this capacity. I				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Richard Conces □Chairman ☐ Chairman Name: _____ 5837 221ST PL SE □ Vice Chairman Address:] ☐ Vice Chairman Address: ______ ISSAQUAH, WA, 98027 ☐ Director Director President □President □ Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other ____ □ Chairman Nume: □ Chairman Name: Address: _____ □Vice Chairman Address. — ☐ Vice Chairman □ Director □Director □President President □Vice President □Vice President □ Secretary ☐ Treasurer ☐Treasurer □ Secretary □Other _____ ☐Other _____ □Other _____ ☐Other _____ □ Chairman □ Chairman Name: Name: ____ □Vice Chairman Address: ____ □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President _____ □Vice President □ Secretary □Treasurer ☐ Secretary □ Treasurer □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 your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

INTEGRITY HOME INTEGRATION, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/01/2005.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/01/2024 UBI Number: 602 468 409

STATI-ON-SHI-NOSHI

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 10 01 2024