

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

1366283.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

5/21/2024 12:12 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	<ul> <li>030 the undersigned here ving statements:</li> </ul>	by applies for authority to transa	act business in Kentucky	on behalf of the entity named belov
The entity is a: profit corporate business true limited partn non-profit llc      The name of the entity is INTEGI	ership IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nonprofit corporation mited liability company d cooperative association rofessional service corporation SEMENT LLC	statutory trust public benefit other	
(The 3. The name of the entity to be used in		the name on record with the		
· ·		(Only provide if "real name"	is unavailable for use;	otherwise, leave blank.)
<ul> <li>4. The state or country under whose la</li> <li>5. The date of organization is 09/26/</li> </ul>	w the entity is organized is 1 2023	and the period of du	ration is	
		•	(If left blank, durati	on is considered perpetual.)
<ol><li>The mailing address of the entity's p PO Box 840004</li></ol>	incipal office is	Saint August	tine FL	32080
Street Address		City	State	Zip Code
7. The street address of the entity's reg 421 W Main Street	istered office in Kentucky is	Frankfort	104	40602-0634
Street Address (No P.O. Box Number	's)	City	KY St	ate Zip Code
and the name of the registered agent at	that office is First Corp	orate Solutions, Inc.		
8. The names and business addresses			tors, managers, trustees o	or general partners):
Robert Appleby	PO Box 840004	Saint Augus		32080
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation.	all the individual shareholde re states or territories of the	rs. not less than one half (1/2) o	of the directors, and all of t	the officers other than the secretary
10. I certify that, as of the date of filing	his application, the above-na	amed entity validly exists under	the laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited pa	rtnership. Check the box if app	olicable:	
12. If a limited liability company, chec	k box if manager-managed	l: 🔲		
13. This application will be effective upon	on filing.			,
25	~~~~	BOYSY APPLEET	PRINCIPAL	5/20/24
Signature of Authorized Representative		Printed Name & Tit	tle	Date
I. First Corporate Solutions Type/Print Name of Registered Agent	s, Inc.	, consent to serve as the	registered agent on behal	f of the business entity.
Angelina Hinojoza	Statement to, word-angularizate passificancers Ang	elina Hinojoza	Assistant Secre	
Signature of Registered Agent	Printer	l Name	Title	Date

Signature of Registered Agent

## State of Florida Department of State

I certify from the records of this office that INTEGRITY RISE MANAGEMENT LLC is a limited liability company organized under the laws of the State of Florida, filed on September 26, 2023, effective September 24, 2023.

The document number of this limited liability company is L23000445601.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 29, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of May, 2024



Secretary of State

Tracking Number: 2866604385CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfS tatus/CertificateAuthentication