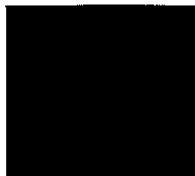


Filing and License Fee: \$230.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is INTEGRATED INC.

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The profession to be practiced through the professional service corporation is ARCHITECTURE

3. The total number of shares which the corporation has authority to issue is:

(a) If only one class: Total number of shares 1,000

or

(b) If more than one class: Total number of shares of each class _____

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

N/A

4. The address of the initial registered office of the corporation is 921 STONY LANE

(Street Address, not P.O. Box)

NORTH KINGSTOWN

(City/Town)

, RI 02852

(Zip Code)

and the name of its initial registered agent

at such address is ANDREW KIZLINSKI

(Name of Agent)

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.

6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

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7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

N/A

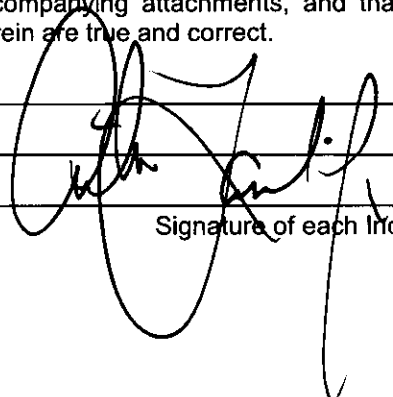
8. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
ARTHUR LAMBI, JR., CPA, MST	2190 MENDON ROAD, SUITE 2, CUMBERLAND, RI 02864

9. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing IMMEDIATELY

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 04/26/2011



Signature of each Incorporator



**RYAN
TURNER
SPECIALTY**

CONFIRMATION OF INSURANCE

DATE: April 20, 2011
TO: Andrew Kizlinski
FROM: Guy Galstyan for Michael Kizlinski

We are pleased to confirm that coverage has been bound with the carrier shown below in accordance with terms, conditions, and limitations provided by the carrier for you and your insured to review. As the Insured's representative, it is your responsibility to carefully review with the Insured all of the terms, conditions, and limitations of this Confirmation of Insurance, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured. This coverage may not be bound without a fully executed brokerage agreement.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurance Company Underwriters. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance.

NAMED INSURED: Andrew Kizlinski
DBA: Andrew Kizlinski

MAILING ADDRESS: 921 Stony Lane
North Kingstown, RI 02852

SUBMISSION NUMBER: S110420302

CARRIER: Continental Casualty Company

POLICY NUMBER: SFH 28 834 93 84

POLICY TERM: 4/19/2011 to 4/19/2014

COVERAGE: Professional Liability

LIMITS OF LIABILITY: \$1,000,000 Annual Per Claim Limit
\$1,000,000 Annual Aggregate Limit

DEDUCTIBLE: \$1,000

R-T Specialty, LLC

In California: R-T Specialty Insurance Services, LLC License #0G97516
3400 West Olive Avenue, Suite 350, Burbank, CA 91505
Phone - (818) 660-1680 Fax - (818) 660-1681



**RYAN
TURNER
SPECIALTY**

CONFIRMATION OF INSURANCE

MULTI-YEAR PREMIUM: \$10,332.00

ANNUAL PREMIUM: \$3,444.00

FORMS AND ENDORSEMENTS:

- Pollution Incident Liability Coverage
- Broad Professional Services Definition
- Claims-made and Reported Coverage
- Consent to Settle and Selection of Counsel
- Punitive Damages where allowable by law
- Practice Policy Excess of Project Policy
- Automatic coverage for Newly Acquired Entities
- Defense Reimbursement Provisions
- Free Pre-Claims Assistance
- Innocent Principals Coverage
- International Practice Coverage
- Limited Contractual Liability Coverage
- Circumstance Reporting Coverage
- Retired Consultant Personnel
- Coverage for ADA/FHA/OSHA claims
- No asbestos exclusion
- Risk Mitigation Credit
- Personnel Leased by You
- Automatic Equity Interest Coverage for those projects where the firm's ownership interest is up to 49%.
- Optional Extended Reporting Periods

TERMS AND CONDITIONS: **Prior Acts Coverage:** None

**Broker Fee Waived

SUBJECT TO: **N/A**

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

CONFIRMED BOUND BY: Michael Kizlinski

CONFIDENTIAL

R-T Specialty, LLC

In California: R-T Specialty Insurance Services, LLC License #0G97516

3400 West Olive Avenue, Suite 350, Burbank, CA 91505

Phone - (818) 660-1680 Fax - (818) 660-1681



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
DIVISION OF DESIGN PROFESSIONALS
1511 Pontiac Avenue, Bldg. 68-2
Cranston, RI 02920
(401) 462-9530 Fax: (401) 462-9532 www.bdp.state.ri.us

2 March 2011

INTEGRATED
921 STONY LANE
N. KINGSTOWN, RI 02852

Dear Sir/Madam:

Your request for Certificate of Authorization (COA) has been reviewed and approved by the Rhode Island Board of Examination and Registration of Architects (the "Board"). In accordance with the procedures adopted by this Board, **you are requested to provide the following information.**

The document requested by the Board is a **CERTIFICATE OF GOOD STANDING**, not **Certificate of Authority**, issued by the Rhode Island Secretary of State's Office, indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office. The Board is requesting that the **original certificate of such notice be provided within 60 days. A copy of this letter must accompany your certificate of authority application, along with the required fee for a certificate of good standing, to the Secretary of State's office.**

You can contact the Rhode Island Secretary of State's Office by calling (401) 222-3040. Ask for corporations and explain you need the necessary papers to become registered in the State of Rhode Island.

Upon receipt of this **CERTIFICATE OF GOOD STANDING**, the Board will issue your Certificate of Authorization. If you have any questions, please feel free to contact this Board.

Please be advised that until receipt of this CERTIFICATE OF GOOD STANDING, your application is considered incomplete and you are not authorized to practice architecture in the state of Rhode Island.

Very truly yours,

BOARD OF EXAMINATION AND
REGISTRATION OF ARCHITECTS


Christian J. Ladds, AIA
Secretary

CJL/dmb



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

