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

	ARTICLES OF INCORPORATION					
	e undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the eneral Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:					
1.	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					
	<u>or</u>					
	(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, <u>not</u> P.O. Box)					
	NORTH KINGSTOWN , RI 02852 and the name of its initial registered agent					
	(City/Town) (Zip Code)					
	at such address is ANDREW KIZLINSKI					
	at such address is ANDREW KIZLINSKI (Name of Agent)					
5.	The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 1.2.					
6.	Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.					
	FILED 5310					
	APR 26 2011					
	Ev 143195					

N/A	
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The name and address of each incorporator is:	
<u>Name</u> <u>Address</u>	ID RI 02864
The name and address of each incorporator is: Name Address ARTHUR LAMBI, JR., CPA, MST 2190 MENDON ROAD, SUITE 2, CUMBERLAN	ID, RI 02864
<u>Name</u> <u>Address</u>	ID, RI 02864
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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: \$110420302

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



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 CoverageLimited 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



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