RI SOS Filing Number: 202077097460 Date: 11/20/2020 11:59:00 AM



R.J. BEPT. OF STATE BUS SVEEDIVE 2020 NOV 20 MM 113:59

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:					
Integrity Admin Group, Inc.					
2. It is incorporated under the laws of: DE					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereof above corporate endings for use in Rhode Island:	incorporation does not contain the f, then list the name of the corporation	ne word "corporation", "company", ration with the addition of one of the			
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 09/23/2020					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
3505 Cadillac Ave, Building O, Suite 105, Costa Mesa CA 92626					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 0 2020 (5) (5) By Ch OS 36'S"

7. The purpose or purpo administration of hom			the transaction of	business in Rhode Island are:	
8. (a) The names and re	espective addre	esses of its directors	(optional, unless d	firectors are required under the laws of the	
state or country of which					
NAME	AME		<u> </u>	ADDRESS	
Owen McCullough	3505 Cadillac Ave,		, Building O, Suit	e 105, Costa Mesa, CA 92626	
Richard McCabe	ard McCabe 51 Mill Street, Build		lding F, Hanover,	MA 02339	
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country of			officers (mandator	ry if directors are not required under the laws	
OFFICE	,	NAME		ADDRESS	
PRESIDENT	Owen McCullough		3505 Cadillac	3505 Cadillac Ave, Building O, Suite 105, Costa Mesa, CA 92626	
VICE PRESIDENT	Richard McCabe		51 Mill Stree	51 Mill Street, Building F, Hanover, MA 02339	
TREASURER	Cheryl Gaglia		3505 Cadillac	3505 Cadillac Ave, Bullding O, Suite 105, Costa Mesa, CA 92626	
SECRETARY	Richard McCabe		51 Mill Stree	51 Mill Street, Building F, Hanover, MA 02339	
				Check the box to indicate an attachment	
9. The aggregate numb par value, and series, i			to issue; itemized l	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLA	ss	SERIES	PAR VALUE OR STATE NO PAR VALUE	
100	Common	<u> </u>		No Par Value	
	. 				
10. An estimate, as a plocated within this state the following year, whe	e during the fol	lowing year bears to	the value of all pro	of the property of the corporation to be operty of the corporation to be owned during sheet.)	
0	6				
at or from places of bu	siness in Rhoo	le Island during the f	ollowing year comp	business to be transacted by the corporation pared to the gross amount thereof which will be btained from worksheet.)	
0 %		and ronowing year. (r	iolo. Forbornago o		

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	om the date of filing)
Under penalty of perjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained h	ned this Application for Certificate of Authority, including any herein are true and correct.
Type or Print Name of Authorized Officer	Date
Owen McCullough	11/10/2020
Signature of Authorized Officer of the Corporation	MIII. Lt



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTEGRITY ADMIN GROUP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRITY ADMIN GROUP, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204079848

Date: 11-13-20

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

November 20, 2020 11:59 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

