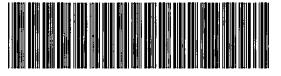
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From Aug 3 d 2012

### **COVER LETTER**

	New Filing Section Division of Corporations						
SUBJE	CT: Cybe	er Brains, Inc.					
			rporation - must	nclude suffix			
Dear Sir	or Madam:						
"Certific	ate of Existen	ation by Foreign Corporace," or "Certificate of G	ood Standing" ar	nd check are subm			
Please re	turn all corres	spondence concerning th	is matter to the fo	ollowing:			
Courtr	ney Menz	zel					
		}	Name of Person				
Preci	sion Tax	and Accounting	}				
		F	irm/Company				
2180	Hunterfil	ed Road					
			Address				
Maitla	ınd, FL 32	2751					
		Cit	y/State and Zip c	ode	-		
cmenz	el@precis	sionaccounting.org					
		E-mail address: (to	be used for future	e annual report no	otification)		
For furth	er information	n concerning this matter	, please call:				
Courtr	ney Menz	el at (	407 ) 960	-6000			
1	Name of Pers	on	Area Code &	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed	l is a check for	r the following amount:					
<b>✓</b> \$70.	.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta	& \$78.75 tus Certifi	Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status &		



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## FLORIDA DEPARTMENT OF STATISLIAHASSEE, FLORIDA Division of Corporations

August 21, 2012

COURTNEY MENZEL 2180 HUNTERFIELD ROAD MAITLAND, FL 32751

SUBJECT: CYBER BRAINS, INC. Ref. Number: W12000043453

We have received your document for CYBER BRAINS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 612A00021427

### 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 Cyber Brains, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2 Kansas (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 6. August 1, 2012 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 6400 Glenwood Suite 301 Overland Park, KS 66202 (Principal office address) 2180 Hunterfield Road Maitland, FL 32751 (Current mailing address) 8. Transact business within the Laws of Florida Statue (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Courtney Menzel Name: 2180 Hunterfield Road Office Address: \_, Florida 32751 Maitland (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Courtney Menzel Address: 2180 Hunterfield Road Maitland, FL 32751 Vice Chairman: Address: Director: Sai Koneru Address: 6819 W 141st Terrace Apt 1607 Overland Park, KS 66223 Director: **B. OFFICERS** Address: Vice President: Address: \_\_\_ Secretary: Courtney Menzel Address: 2180 Hunterfield Road Maitland, FL 32751 Treasurer: Same as Secretary Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Signature on 1st Page
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. Sec/Treas (Typed or printed name and capacity of person signing application)

#### STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6456826

Entity Name: CYBER BRAINS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: Lydia Stubbs

Registered Office: 11201 W 59th Terrace 10B, SHAWNEE, KS 66203

was filed in this office on August 26, 2010, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 16, 2012

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 497754 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.