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PICK-UP	WAIT	MAIL		
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(Document Number)				
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Special Instructions to	Filing Officer:			

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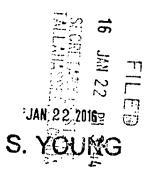
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SUFFICIENCY OF FILMS

TO ACKNOWLEGGE

TO ACKNOWLEGGE

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COVER LETTER

	ration Se ion of Co	orporations	VD 60	D.D.	
SUBJECT:_			YR CO		· · · · · · · · · · · · · · · · · · ·
		Name of Corpo	ration – must ir	iclude suffix	26 a
Dear Sir or Ma	adam:				温温量工
Affairs in Flor	ida", "Cc	tion by Foreign Not for Pertificate of Existence", of enced not for profit corporate to the	r "Certificate o	f Status" and che	eck are submitted to
Please return a	ill corres _l	pondence concerning this	s matter to the f	ollowing:	
	Ton	y Vanquez			
		Nan	ne of Person		
	Berr	mence Regulatory			M. (Gr
		Fir	m/Company		
	202	0 Pennsylvania Ave N	IW		S _
•	Suit	e #868			, Ŏ
•			Address		M CORF
	Was	hington, DC 20006-1	811		
		-	te and Zip Code	<u>, </u>	
•	T\ / A	NIOLIEZ A DEDMENICE			Σ
		NQUEZ@BERMENCE nail address: (to be used to		I report notifica	.0
For further info		concerning this matter, p			
KR	AIG I	BEAHN	ar (888)	695-	5905
		of Person	Area Code		ephone Number
Regist Divisio P.O. B	ration Se	porations		Registration So Division of Co Clifton Buildir	orporations ng e Center Circle
Enclosed is a c	heck for	the following amount:			
□ \$70.00 Filin	ng Fee	☐\$78.75 Filing Fee & Certificate of Statu		Filing Fee & ed Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

HE STATE OF		INSPYR C	ORP.				
(Name of corpor import in langua in the name at pr	ration: must include the word age as will clearly indicate that resent. "Company" or "Co." r	"INCORPORATED" or " at it is a corporation insteac may not be used as a corpo	CORPORATION I of a natural per- rate suffix by a n	N" or words or abb son or partnership conprofit corporati	oreviations if not so c on.)	of lik ontain	e ied
(If name unava	ilable in Florida, enter alterna	ate corporate name adopted	d for the purpose	of transacting bus	siness in F	lorida)	-
Delaware	/ United States of Amounty under the law of which it	nerica 3.	Applica	ation Pending			
(State or cour	itry under the law of which it	is incorporated)	(FEI nun	nber, if applicable)		_
. <u>Seventh Da</u>	y of January, A.D. 20° Date of Incorporation)	16 5	Perpetual (Date of duration, if other than perpetual)				_
(Upon Qu	alification)						
(Date first conde	acted affairs in Florida if prior	to registration. See sections	617.1501 & 617	7.1502, F.S. to deter	rmine pena	lty liai	bility.)
1400 Villa	go Sauaro Rivd Suito :	#3-303 Tallahaccoo	EL 22212-1	250			
. 1400 Villa	ge Square Blvd Suite i	Principal office ad	dress)	230			
<u> 1400 Villac</u>	ge Square Blvd Suite #	<u> #3-303, Tallahassee,</u>	FL 32312-12	250	- 12 50		_
		(Current maning address,	if different)		1- (A)		
	n, herein defined as inSpyr C					15	_∐
The purpose of	this corporation is to engage	e in any lawful act of activi	ty for which corp	orations may be o	organized.	2	
(Purpose(s) of c	corporation authorized in hon	ne state or country to be ca	rried out in the si	tate of Florida)		(<)	177
. Name and stro	eet address of Florida regis	stered agent: (P.O. Box)	NOT acceptabl	le)		્ર બ્ર	
Name:	Tony Vanguez, Berm	nence Regulatory			tap 1		
	1400 Village Square				•		
Trice Address.					-		
	Tallahassee (City	, Flo	rida	(Zip Code)	-		
	agent's acceptance:		<i>c</i> 4		. 4*		
lesignated in th urther agree to	med as registered agent a is application, I hereby a comply with the provision familiar with and accept	ccept the appointment a ns of all statutes relative	s registered ag e to the proper	ent and agree to and complete p) act in th	iis caj	pacity.
		/ ve					
		(Registered agent's s	signature)	***************************************			
		,					

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman:				
Address:				
Director:				
Address:				
Director:				
		end to		
B. OFFICE		1200	o Jan	77]
President:		35-5	<u>ت</u> ت <u>۲۰</u>	
Address:			5 :	(T) 53
			ः ह्य स्र	•
Vice President	Beahn, Kraig [VP/CTO]	35	1:-	
Address:	1400 Village Square Blvd Suite #3-131, Tallahassee, FL 32312-1250)		
Secretary:	Ross, Phillip [Secretary]			
	1400 Village Square Blvd Suite #3-303, Tallahassee, FL 32312-1250)		
Address:	· · · · · · · · · · · · · · · · · · ·			
NOTE: If no	cessary, you may much an addendum to the application listing additional officers a	and/or di	rector	·s
				•
13. <u>(S</u>	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)		
14	Kraig Beahn, Vice President and CTO of inSpyr Corp. (DE) (Typed or printed name and capacity of person signing application)			
	t i voca of diffica name and capacity of person signific application)			

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSPYR CORP." IS DULY INCORPORATED

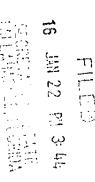
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.





Authentication: 201715951

Date: 01-22-16

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