

**FB0000003499**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

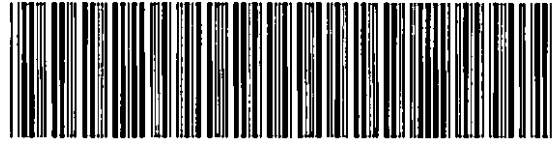
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

n BRUCE  
JUL 31 2018



**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.*

1. Behavioral Response Technologies, 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. Colorado \_\_\_\_\_ 3. N/A \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 2013 \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 24 Via Lucindia Dr. N., Stuart, FL 34996 \_\_\_\_\_  
(Principal office address)  
N/A \_\_\_\_\_  
(Current mailing address, if different)

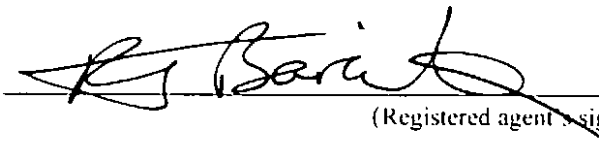
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert T. Barcik \_\_\_\_\_  
Office Address: 24 Via Lucindia Dr. N. \_\_\_\_\_  
Stuart \_\_\_\_\_, Florida 34996 \_\_\_\_\_  
(City) (Zip code)

**9. 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Robert T. Barcik

Address: 24 Via Lucindia Dr. N.

Stuart, FL 34996

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director: N/A

Address:

**B. OFFICERS**

President: Robert T. Barcik

Address: 4 Via Lucindia Dr. N.

Stuart, FL 34996

Vice President: N/A

Address:

Secretary: Robert T. Barcik

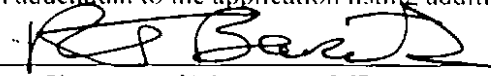
Address: 24 Via Lucindia Dr. N., Stuart, FL 34996

Treasurer: Robert T. Barcik

Address: 24 Via Lucindia Dr. N., Stuart, FL 34996

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Robert T. Barcik, Director and President  
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Behavioral Response Technologies, Inc.

is a

Corporation

formed or registered on 04/30/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131268922 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/09/2018 that have been posted, and by documents delivered to this office electronically through 07/13/2018 @ 09:26:25 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/13/2018 @ 09:26:25 in accordance with applicable law. This certificate is assigned Confirmation Number 11004186 .



A handwritten signature in cursive script, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*