F18000004095

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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2018 AUG 27 PM 3: 02
SECRETARY OF STATE

N CULLIGAN SEP 6 2018

COVER LETTER

TO: Registration Se Division of Co				
	orMe, Inc.			
SUBJECT:				
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
	ce," or "Certificate of	Good Stand	ding" and check are sub	ct Business in Florida." omitted to register the
Please return all corres Andy Chavez	spondence concerning	this matter	to the following:	
-		Name of F	'erson	
BehaviorMe, Inc.				
727 East University Av	renue, Apt B	Firm/Comp	oany	
		Addre	SS	
Gainesville, Florida 32	601			
andy@behaviorme.co	(City/State an	d Zip code	
	E-mail address: (to be used fo	or future annual report	notification)
For further information	i concerning this mat	ter, please ca	all:	
Andy Chavez		347	984-1463	
Name of Perso		(Area Code		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	r the following amour	nt:		
■ \$70.00 Filing Fee	S78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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. BehaviorMe, 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) 81-2737279 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) September 1, 2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 978 SW 2nd Avenue Suite 108A, Gainesville, FL 32601 (Principal office address) 727 East University Avenue, Apt B Gainesville, FL 32601 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Andy Chavez Name: 978 SW 2nd Avenue Suite 108A Office Address: Gainesville, FL 32601 (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. DIRI	ECTORS Andy Chavez	
Chairman	978 SW 2nd Avenue Suite 108A	
Address:	Gainesville, FL 32601	
lice Chai	Chris Medina	
Address:	978 SW 2nd Avenue Suite 108A	
	Gainesville, FL 32601	
	Annie Escalante	
Director:	978 SW 2nd Avenue Suite 108A	
Address:	Gainesville, FL 32601	
Ninana and	Andrea Villegas	
Director:	978 SW 2nd Avenue Suite 108A	5 2
Address:	Gainesville, FL 32601	SECR A
3. OFF	ICERS	AUG 27 RETARY AMASSE
President:		
Address:		3:02
vice Pres	ident:	
Address:		
ecretary		
vddress:		
`reasurer	·	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
2		
ire true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Depegree felony as provided for in s.817.155, F.S.	
13	(Typed or printed name and capacity of person signing application)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEHAVIORME, 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 SIXTEENTH DAY OF AUGUST, A.D. 2018.



Authentication: 203259546

Date: 08-16-18