

F18000005753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

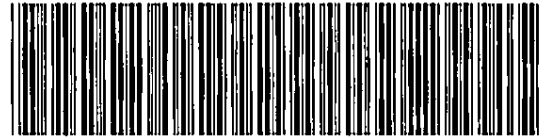
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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[Handwritten signature]
12/11/18

COVER LETTER

TO: Registration Section
Division of Corporations
BRAIN SCIENCE TECHNOLOGIES, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
ERIC FRANK

Name of Person
Firm/Company
17141 MURPHY AVE. #5C
Address
IRVINE, CA 92614
City/State and Zip code
ERICBFRANK@SBCGLOBAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC FRANK	949	476-2284	
Name of Person	at (_____)	Area Code	Daytime Telephone 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 the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

BRAIN SCIENCE TECHNOLOGIES, INC.

1. _____
(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)
CALIFORNIA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
6/11/2013

4. _____ 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)
2340 DAIRY RD #104, MELBOURNE, FL 32904

7. _____
(Principal office address)

_____ (Current mailing address, if different)

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

KELLY SIRJU

Name: _____

2340 DAIRY RD #104

Office Address: _____

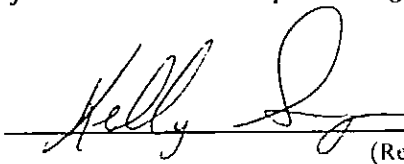
MELBOURNE

32904

_____, Florida _____
(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.

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

A. DIRECTORS

BRAD LEVY

Chairman: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

BRAD LEVY

Vice Chairman: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

BRAD LEVY

Director: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

Director: _____

Address: _____

B. OFFICERS

BRAD LEVY

President: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

BRAD LEVY

Vice President: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

BRAD LEVY

Secretary: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

BRAD LEVY

Treasurer: _____
17141 MURPHY AVE #5C IRVINE, CA 92614

Address: _____

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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.

BRAD LEVY

13. _____
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

BRAIN SCIENCE TECHNOLOGIES, INC.

FILE NUMBER: C3578114
FORMATION DATE: 06/11/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

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



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 17, 2018.

A handwritten signature in black ink, appearing to read 'Alex Padilla', written in a cursive style.

ALEX PADILLA
Secretary of State