

F210000000661

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(Address)

(Address)

(City/State/Zip/Phone #)

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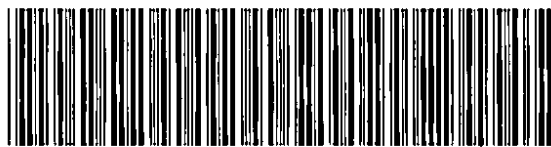
(Business Entity Name)

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2/2/21

NAME:

BEHAVIORAL PULSE INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Behavioral Pulse Inc.

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:

Joel Kimmel

Name of Person

Behavioral Pulse Inc.

Firm/Company

3471 North Federal Highway, Suite 501

Address

Fort Lauderdale, Florida 33306

City/State and Zip code

drjkimmel@b-vitals.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Zagami

at (508) 904-6696

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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.*

1. Behavioral Pulse 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. Delaware 3. 85-2423075

(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/20/2020 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. 3471 North Federal Highway, Suite 501, Fort Lauderdale, Florida 33306

(Principal office street address)

(Current mailing address, if different)

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

Name: Joel Kimmel

Office Address: 3471 North Federal Highway, Suite 501

Fort Lauderdale, Florida 33306

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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AND
FILED
2021 FEB - 2 AM 9:30
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
FORT LAUDERDALE, FLORIDA

A. DIRECTORS

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Chairman | Name: <u>Joel Kimmel</u> | <input type="checkbox"/> Chairman | Name: <u>Elizabeth Blake</u> |
| <input type="checkbox"/> Vice Chairman | Address: <u>3471 North Federal Highway, Suite 501</u> | <input type="checkbox"/> Vice Chairman | Address: <u>3471 North Federal Highway, Suite 501</u> |
| <input checked="" type="checkbox"/> Director | <u>Fort Lauderdale, FL 33306</u> | <input checked="" type="checkbox"/> Director | <u>Fort Lauderdale, FL 33306</u> |
| <input checked="" type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input checked="" type="checkbox"/> Treasurer <u>Elizabeth Blake</u> | <input checked="" type="checkbox"/> Secretary <u>Hilda Besner</u> | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> CEO | <input type="checkbox"/> COO | <input type="checkbox"/> CTO | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: <u>Hilda Besner</u> | <input type="checkbox"/> Chairman | Name: <u>Hanna Colin</u> |
| <input type="checkbox"/> Vice Chairman | Address: <u>3471 North Federal Highway, Suite 501</u> | <input type="checkbox"/> Vice Chairman | Address: <u>3471 North Federal Highway, Suite 501</u> |
| <input checked="" type="checkbox"/> Director | <u>Fort Lauderdale, FL 33306</u> | <input checked="" type="checkbox"/> Director | <u>Fort Lauderdale, FL 33306</u> |
| <input type="checkbox"/> President | _____ | <input checked="" type="checkbox"/> Chief Growth Officer | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Joel Kimmel
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. Joel Kimmel, CEO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEHAVIORAL PULSE 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEHAVIORAL PULSE INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



3275146 8300

SR# 20210274566

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202403499

Date: 01-29-21