N90001889

| (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: | | | | |
| 2nd Rejet W19000043043 | | | | |
| | | | | |
| W1900085607 | | | | |

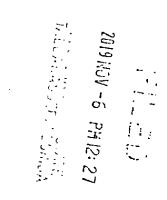
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2019

YVONNE BIRKS 14182 PETREL DR. COLORADO SPRINGS, CO 80921

SUBJECT: PIVOTAL BEHAVIOR SOLUTIONS LLC

Ref. Number: W19000085607

We have received your document for PIVOTAL BEHAVIOR SOLUTIONS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 919A00019583

Yvette Scott Document Specialist II

28 87 TS 18 19:33



October 19, 2019

YVONNE BIRKS 14182 PETREL DR. COLORADO SPRINGS, CO 80921

SUBJECT: PIVOTAL BEHAVIOR SOLUTIONS LLC

Ref. Number: W19000093043

We have received your document for PIVOTAL BEHAVIOR SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 819A00021636

Yvette Scott Document Specialist II

Hello.

We mistakenly filled Pivotal Behavior Solutions as a foreign corporation, as opposed to a foreign LLC. We originally included a check for \$78.75 (for the filing fee and certificate of status which has already been cashed) and are including a check for \$51.25 to make up the difference (\$130 total for foreign LLC filing fee and certificate of status).

Please let us know if this poses any problems.

Thank you.

Pivotal Behavior Solutions

FILED
2019HOV -6 PM12: 28

COVER LETTER

TO:

| SUBJECT: Pivotal Behavior Solution | | | | |
|--|---------------------|---|--------------|------------|
| Name of Li | mited Liability C | Tompany | | |
| The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referen | | | | |
| Please return all correspondence concerning this matter to the fe | llowing: | 5 | 20191:104 | |
| Yvonne Birks | | | | ••• |
| Nan | ne of Person | | -6 PH 12: 28 | 1 |
| Pivotal Behavior Solutions | | | | |
| Fire | n/Company | <u>5</u> | 12: 2 | ~ ' |
| 14182 Petrel Dr. | | DE. | œ | |
| | Address | | | |
| Colorado Springs/CO | 0 80921 | | | |
| City/Sta | te and Zip Code | | _ | |
| yviebirks.pivotal@gm | | | | |
| E-mail address: (to be used) | for future annual | report notification) | | |
| For further information concerning this matter, please call: | | | | |
| Yvonne Birks | _{at (} 530 | ,219-3558 | _ | |
| Name of Contact Person | Area Code | Daytime Telephone Number | | |
| MAILING ADDRESS: Division of Corporations | | STREET ADDRESS: Division of Corporations | | |
| Registration Section | | Registration Section | | |
| P.O. Box 6327 | | Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| Enclosed is a check for the following amount: | | | | |
| Please make check payable to: FLORIDA DEPARTM | TENT OF STA | TE | | |
| \$125.00 Filing Fee \$\overline{\mathcal{L}}\$\$130.00 Filing Fee & | \$155.00 | Filing Fee & 🔲 \$160.00 Filin | g Fee, C | ertificate |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DABILITY COMPANYTOTRANSACTBUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company, must include "Limited | Liability Company, "T. I. C.," of "(I, C.") | | |
|---|--|--|--|--|
| same movamable, enter alternate in Colorado | ame adopted for the purpose of transacting business in Flori | da The alternate name must include "Fourted Liability Company," L.J. C." or "L.J. C | | |
| (Jurisdiction under the law of w | nch foreign limited halidity company is organized) | (FEI number, it applicable) | | |
| **- | (Date first terms a ted business in Florida all prior page | | | |
| Date first transacted business in Florida if prior to (See sections 605 0901 & 605 0905, I'S to determ 14182 Petrel Dr. | | 6 14182 Petrel Dr. 8 | | |
| Colorado Springs, CO | | Colorado Springs, CO | | |
| 80921 | | 80921 | | |
| Name: | Registered Agents | | | |
| Office Address: | 7901 4th St N ST | E 300 | | |
| | St. Petersburg | . Florida 33702 | | |
| ignated in this applica comply with the provisi | gistered agent and to accept service of pr tion, I hereby accept the appointment as | rocess for the above stated limited liability company at the pi registered agent and agree to act in this capacity. I further and complete performance of my duties, and I am familiar w | | |
| | Bel Have | | | |
| | (Registered agent's si | gus(ure) | | |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: |
|--------------------------|---------------------------|--------------------|----------|-------------------|
| Manager | Name: Yvonne Birks | Manager | Name: | |
| Member | Address: 14182 Petrel Dr. | Member | Address: | |
| ☐Authorized | Colorado Springs, CO | Authorized | | 7 2 |
| Person | 80921 | Person | | |
| ☑ _{Other} Owner | Other | Other | | Other |
| Manager | Name: | Manager | Name: | PH 12: 2 |
| Member | Address: | Member | Address: | ©(T) ⊗ |
| Authorized | | Authorized | | 2000 |
| Person | | Person | | |
| Other | Other | Other | | Other |
| ■Manager | Name: | Manager | Name: | |
| Member | Address: | Member | Address: | |
| ∐Authorized | | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | 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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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.

Yvonne Birks

Typed or printed name of significe

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pivotal Behavior Solutions LLC

is a Limited Liability Company

formed or registered on 04/28/2014 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 20141270743.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 1/07/31/2019 that have been posted, and by documents delivered to this office electronically through 08/01/2019 @ 16:07:56.

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 08/01/2019 @ 16:07:56 in accordance with applicable law. This certificate is assigned Confirmation Number 11719077



Secretary of State of the State of Colorado

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.xos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instruction 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, visu our Web site, http://www.xos.state.co.us/click/"Businesses, trademarks, trade names" and select "Frequently Asked Questions."