

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Employee Behavioral Communications, 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:

Jon M. Hazel

Name of Person

Employee Behavioral Communications, Inc.

Firm/Company

125 Spanish Oaks Lane

Address

St. Augustine Beach, FL 32080

City/State and Zip code

jhazel@behavioralcom.com

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

For further information concerning this matter, please call:

Jon Hazel

Name of Person

at (210) 705-4070

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

JON M. HAZEL
EMPLOYEE BEHAVIORAL COMMUNICATIONS, INC.
125 SPANISH OAKS LANE
ST. AUGUSTINE BEACH, FL 32080

SUBJECT: EMPLOYEE BEHAVIORAL COMMUNICATIONS, INC.
Ref. Number: W13000066152

We have received your document for EMPLOYEE BEHAVIORAL COMMUNICATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Officer signature required.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 513A00027585

Employee Behavioral Communications, Inc.
125 Spanish Oaks Lane
St. Augustine Beach, FL 32080
904.429.1577

December 12, 2013

Sylvia Gilbert
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

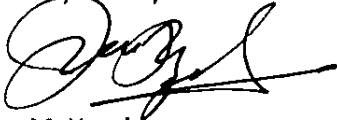
RE: Ref. Number W13000066152, Letter Number 513A00027585

Dear Ms. Gilbert:

Thank you for your letter noting that a signature was missing on one of our submittal pages. I apologize for the oversight. As you stipulated, attached are:

- 1) Corrected original.
- 2) One copy of the document.
- 3) Copy of your letter.

Thank you for your assistance.



Jon M. Hazel
President

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. **Employee Behavioral Communications, 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. **Texas**

(State or country under the law of which it is incorporated)

3. **20-3297312**

(FEI number, if applicable)

4. **8/9/2005**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **10/1/2013**

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

7. **11703 Huebner Road, Suite 112, San Antonio, TX 78230**

(Principal office address)

125 Spanish Oaks Lane, St. Augustine Beach, FL 32080

(Current mailing address)

8. **Management consulting**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Jon M. Hazel**

Office Address: **125 Spanish Oaks Lane**

St. Augustine Beach, Florida **32080**

(City)

(Zip code)

10. **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)

11. 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.

REC 15
AM 8:16
STATE OF FLORIDA
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: Jon M. Hazel
Address: 125 Spanish Oaks Lane
St. Augustine Beach, FL 32080

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Jon M. Hazel
Address: 125 Spanish Oaks Lane
St. Augustine Beach, FL 32080

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

13. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Jon M. Hazel, President
(Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Employee Behavioral Communications, Inc.
Filing Number: 800529365

Articles of Incorporation

August 09, 2005

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 22, 2013.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State