

F16000003643

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

AUG 16 2016

Y SULKER

W16-52188



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2016

BRAINWEBER INC.  
125 FIFTH STREET SOUTH SUITE 201  
ST PETERBURG, FL 33701 US

SUBJECT: BRAINWEBER INC.  
Ref. Number: W16000053188

We have received your document for BRAINWEBER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 416A00016080

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brainweber 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:

Sivashankar Sangarapillai

\_\_\_\_\_  
Name of Person

Brainweber Inc

\_\_\_\_\_  
Firm/Company

125 Fifth Street South, Suite 201

\_\_\_\_\_  
Address

St Petersburg, FL 33701

\_\_\_\_\_  
City/State and Zip code

skylab777@gmail.com

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

For further information concerning this matter, please call:

Sivashankar Sangarapillai

949

351-9765

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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.*

1. Brainweber Inc  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. 464315221  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/16/2013 5. N/A  
 (Date of incorporation) (Date of duration, if other than perpetual)

N/A

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

7. 125 Fifth Street South, Suite 201, St Petersburg, FL 33701  
 (Principal office address)

N/A

(Current mailing address, if different)

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

Name: Sivashankar Sangarapillai


Office Address: 850 Live Oak Ave NE

St Petersburg, Florida 33703  
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

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. DIRECTORS**

Chairman: Sivashankar Sangarapillai  
Address: 850 Live Oak Ave NE  
St Petersburg, FL 33703

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Sinthuja Sivagnanam  
Address: 850 Live Oak Ave NE  
St Petersburg, FL 33703

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Sivashankar Sangarapillai  
Address: 850 Live Oak Ave NE  
St Petersburg, FL 33703

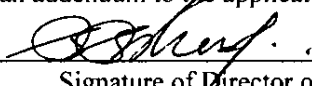
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Sinthuja Sivagnanam  
Address: 850 Live Oak Ave NE, St Petersburg, FL 33703

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

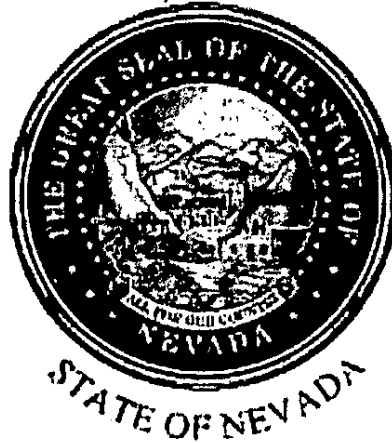
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Sivashankar Sangarapillai, President and COO  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BRAINWEBER INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 16, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 26, 2016.

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20160726-1512  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>