

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 NOV 21 AM 10:38

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Cyber Brains, Inc.
2. It is incorporated under the laws of Kansas
3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

- 4. The date of its incorporation is August 26, 2010 and the period of its duration is perpetual

- 5. The address of its principal office is 6400 Glenwood Suite 301 Overland Park, KS 66202

- 6. The address of its proposed registered office in Rhode Island is 1972 Apt #A Village Green S (Street Address, not P.O. Box)

Riverside, RI 02915 and the name of its proposed registered agent in Rhode Island at that address is Naveen Raja

(City/Town) (Zip Code) (Name of Agent)

- 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Computer technology programming

- 8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Table with 2 columns: Name, Address. Rows for Director.

FILED

NOV 21 2011
By 157044
08:10:38

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<b>Prakash Kanyadara</b>	<b>5800 Millbrook Shawnee, KS 66218</b>
Vice President	<b>Prakash Kanyadara</b>	<b>5800 Millbrook Shawnee, KS 66218</b>
Treasurer	<b>Prakash Kanyadara</b>	<b>5800 Millbrook Shawnee, KS 66218</b>
Secretary	<b>Sai Koneru</b>	<b>6819 W 141st Terrace Apt 1607 Overland Park, KS 66221</b>

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<b>100000</b>			<b>1.00</b>

10. (a) \$ 5352.03 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0.00 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) 0.00 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*
11. (a) \$ 750000.00 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ 75000.00 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
- (c) 10 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing \_\_\_\_\_.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11/07/2011



Signature of Authorized Officer of the Corporation

**Prakash Kanyadara**

Type or Print Name of Authorized Officer

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6456826

Entity Name: CYBER BRAINS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: Lydia Stubbs

Registered Office: 11201 W 59th Terrace 10B, SHAWNEE, KS 66203

was filed in this office on August 26, 2010, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 02, 2011

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 490077 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

