(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
	ficate of Authority IGN Corporation
→ Fili	ng Fee: \$310.00 minimum
Durawan	at to the previous of DICL 7.4.2.4.40° the angle in the

Pursuant to the provisions of RIGL 7-1.2-1405, 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: Brace Integrated Services, 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: February 6, 1979 And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going) Date certain for dissolution _ 5. The address of its principal office is: 14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032 6. The name and address of the initial registered agent/office of in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick Zip Code 02888 **RHODE ISLAND**

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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By X 250912

state or country of which	respective addre ch it is incorpora	esses of its directors ited):	(optional, unless d	irectors are required under the laws of the	
NAME		ADDRESS			
R. Alan Macksey, Jr.		14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032			
Sam Morasca		14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032			
Todd Matherne		14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032			
Steve Ragiel		14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032			
				Check the box to indicate an attachment.	
8. (b) The names and r of the state or country of	espective addre	esses of its principal or prporated):	officers (mandator)	if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT Craig Kaple				14950 Heathrow Forest Parkway, Suite 150 Houston,TX 77032	
VICE PRESIDENT Ronald Bou		14050 Uc-45			
TREASURER Steve Ragiel			14950 Heathrow Forest Parkway, Suite 150 Houston, TX 77032		
SECRETARY Steve Tuozzo				ow Forest Parkway, Suite 150	
				Check the box to indicate an attachment.	
The aggregate numb par value, and series, if	er of shares wh any, within a cla	ich it has authority to ass, is:	issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	\$	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	Common			\$100/share	
10. (a) Estimate, in dol owned by the corporatio located: \$ 54,371,000	n for the followi	of all property to being year, wherever	(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year: \$ 220,000.00		
5 - 1,0 : 1,000			\$ <u>*20</u>	,000.00	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.				
\$_10,500,000.00	\$				
(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage. 2.3 4.3					
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.					
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the day of filing)					
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contained	mined this Application for Certificate of Authority, including any ed herein are true and correct.				
Type or Print Name of Authorized Officer	Date				
Craig Kaple, President	12/14/16				
Signature of Authorized Officer of the Corporation	·				

Item 8(a) - Directors (continued)

Michael Drai 14950 Heathrow Forest Parkway, Suite 150, Houston, TX 77032

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: 0569871

Entity Name: BRACE INTEGRATED SERVICES, INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on February 06, 1979, 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 December 14, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 890866 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

