

FO1000003573

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURA FINANCIAL SERVICES, 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", 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:

MICHAEL BEGLEY
(Name of Person)

(Firm/Company)

P.O. Box 67153

(Address)

ST. PETERSBURG, FL 33736

(City/State and Zip code)

500004463995-18

-07/09/01-01011-007

*****70.00 *****70.00

For further information concerning this matter, please call:

MIRE BEGLEY at (970) 728-4088
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS: Registration Section
Document Examiner	Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399
Updater	DCC Enclosed is a check for the following amount:
Updater Verifier	<input checked="" type="checkbox"/> \$70.00 Filing Fee <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
Agreement	DCC
Updater	DCC

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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625, 671

NO10000013975



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 19, 2001

MICHAEL BEGLEY
P.O. BOX 67153
ST PETERSBURG, FL 33736

SUBJECT: CURA FINANCIAL SERVICES, INC.
Ref. Number: W01000013975

We have received your document for CURA FINANCIAL SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

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) 487-6051.

Diane Cushing
Corporate Specialist

Letter Number: 301A00037180

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

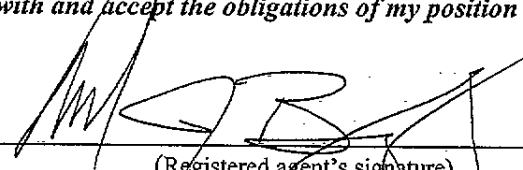
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CURA FINANCIAL SERVICES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 29, 2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7305 BAY ST. #12
(Principal office address)
P.O. Box 67153 ST. PETERSBURG, FL 33736
(Current mailing address)
8. BRANCH OFFICE
(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 or Mail Drop Box **NOT** acceptable)
Name: MICHAEL DEGLE
Office Address: 7305 BAY ST. #12
ST. PETE BEACH, Florida 33706
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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 Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURA FINANCIAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURA FINANCIAL SERVICES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2001.

01 JUL 26 PM 2:56
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

FILED



Harriet Smith Windsor
 Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1164452

DATE: 06-01-01