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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR
3

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: United Core Management, Inc. Name of corporation - must include shifts
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:
Geni Taulor
Name of Person
United Core Management, Inc. Firm/Company Corapevine Pkwy Syte 200
Firm/Company
2561 SW Grapeving Pking Syste 200
Address
maperine 1x 76051
City/State and Zip code
geni. taylor & vaginc. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(2ni Taylor, 817, 310-4501 =
Name of Person Area Code & Daytime Telephone Number
ARE TAR
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section 7
Division of Corporations Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{\$\frac{1}{2}} \text{\$\frac{1}{

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. United Core Management, 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. (State or country under the law of which it is incorporated) 3. 27-3491097 (FEI number, if applicable)
4. 11-18-10 5. Curation: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 5914 My 15ser Dr Orlando Plonida 32822
(Principal office address)
22313 County Rd. 561 Astatula FL 34705 (Current mailing address)
8. Property Management Es & & (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: Amy Lewis
Office Address: 22313 County Road Stal
Astatula , Florida 34705
(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.
(emitouis
(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 N/A	
Chairman:	
Address:	
Vice Chairman:	_
Address:	
Director:	
Address:	
Director;	
Address:	
B. OFFICERS	
President: <u>Carrie Gravs</u>	
Address: 2561 5W Grapevine Pkuy Svite 200	
Oraseine Tx 76051	
tion President Chief Operating Officer, Timothy Settle = 7	1_
Address: 25(e) SW. Orapeime Pkuy, Svite 200 500 7	
Grapevine Tx 70051	
Secretary:	-
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	
Signature of the total of Ufficer 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 constitute	s a
third degree felony as provided for in s.817.155, F.S.	
(Typed or printed name and capacity of person signing application)	

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for United Core Management, Inc. (file number 801343514), a Domestic For-Profit Corporation, was filed in this office on November 15, 2010.

It is further certified that the entity status in Texas is in existence.

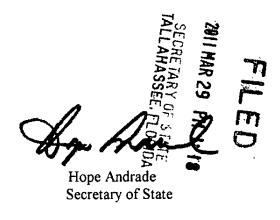
It is further certified that our records indicate TIMOTHY L. SETTLES as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

2561 SW GRAPEVINE PKWY., STE. 200

GRAPEVINE, TX - 76051 USA

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 March 10, 2011.





Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10268 Dial: 7-1-1 for Relay Services Document: 358577850003