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J. HARRIS

COVER LETTER

TO:	Registration Section					
Division of Corporations						
	Juma Management Corp.					
SUBJ	JECT:					
	Nan	ne of corporation	n - must	include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation t	ate of Good Sta	anding" a	nd check are sub		
	return all correspondence conce Kurens	rning this matte	er to the t	following:		
		Name o	f Person			
Juma N	Management Corp.	Trume o	1 1 013011			
		Firm/Co	mpany			
1186 F	lardscrabble Road	-	1 7			
		Add	ress			
Chappa	aqua, New York 10514					
		City/State	and Zip o	ode		
arkayte	emp@gmail.com					
	E-mail addr	ess: (to be used	for futur	e annual report	notification)	
For fu	rther information concerning this	s matter, please	call:			
Robert Kurens		239	283-4456			
		at ()			
	Name of Person	Area Co	de	Daytime Telep	hone Number	
	CTREET/COURIER ARRA	noa.		MANINGA	DDDDGG	
STREET/COURIER ADDRESS: Registration Section				MAILING ADDRESS: Registration Section		
Division of Corporations				Division of Corporations		
Clifton Building			P.O. Box 6327			
	•			Tallahassee, F		
Enclos	sed is a check for the following a	mount:				
S \$70	0.00 Filing Fee	ling Fee & e of Status		5 Filing Fce & ied 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. Juma Management Corp. 1. (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) 80-0758151 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) perpetual (Date of incorporation) (Date of duration, if other than perpetual) January 15, 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1186 Hardscrabble Road, Chappaqua, NY 10514 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Kurens Name: 15175 Stringfellow Road Office Address: Bokeelia (City) (Zip code) 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 Robert Kurens Chairman: 1186 Hardscrabble Road Address: Chappaqua, NY 10514 Vice Chairman: Address: Director: **B. OFFICERS** Robert Kurens President: 1186 Hardscrabble Road Address: Chappaqua, NY 10514 Vice President: Address: Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Lobert Kurens, fres. 13. ____ (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JUMA MANAGEMENT CORP. was filed on 09/26/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of January two thousand and sixteen.

Executive Deputy Secretary of State