

File 000000466

(Requestor's Name)

(Address)

(Address)

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☐ MAIL

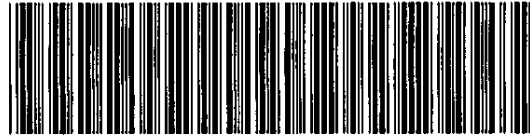
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA STATE
TALLAHASSEE FLORIDA

FEB 02 2015
J. HARRIS

State Seal

COVER LETTER

TO: Registration Section
Division of Corporations
Cicman Group, Inc

SUBJECT: _____
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," 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:
Dave Zuber, CPA

_____	Name of Person
Zuber-Gardner, CPAs	
_____	Firm/Company
4807 Rockside Rd #460	
_____	Address
Independence, OH 44131	
_____	City/State and Zip code
nancy@zubergardner.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Seidner	216	524-8787
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2016 FEB -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 17, 2015

DAVE ZUBER, CPA
ZUBER-GARDNER, CPAS
4807 ROCKSIDE RD #460
INDEPENDENCE, OH 44131

SUBJECT: CICMAN GROUP, INC
Ref. Number: W15000072193

2016 FEB -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CICMAN GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00026461



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 DEC 15 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 19, 2015

DAVE ZUBER, CPA
ZUBER-GARDNER, CPAS
4807 ROCKSIDE RD #460
INDEPENDENCE, OH 44131

SUBJECT: CICMAN GROUP, INC
Ref. Number: W15000072193

FILED
2016 FEB - 1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CICMAN GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00024506

The State of Ohio will only send a
PDF copy.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 NOV 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 2, 2015

DAVE ZUBER, CPA
ZUBER-GARDNER, CPAS
4807 ROCKSIDE RD #460
INDEPENDENCE, OH 44131

SUBJECT: CICMAN GROUP, INC
Ref. Number: W15000072193

2016 FEB -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CICMAN GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00023140

**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.*

Cicman Group, Inc

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)
Ohio

2. _____ 3. 31-1611982
(State or country under the law of which it is incorporated) (FEI number, if applicable)
8/1/1998

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1422 Kilgore Way The Villages, FL 32163

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joseph M Cicman

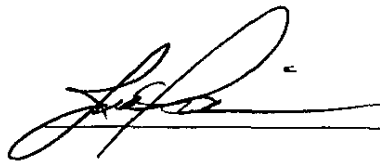
Office Address: 1422 Kilgore Way

The Villages 32163
(City) , Florida (Zip code)

2006 FEB -1 PM 2:26
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TALLAHASSEE FLORIDA

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph M Cicman

Address: 1422 Kilgore Way

The Villages, FL 32163

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Joseph M Cicman

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

FILED
2016 FEB -1 PM 2:26
TALLAHASSEE FLORIDA
SECRETARY OF STATE

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CICMAN GROUP, INC., an Ohio corporation, Charter No. 1018180, having its principal location in Strongsville, County of Cuyahoga, was incorporated on July 30, 1998 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of November, A.D.
2015.*

A handwritten signature in black ink that reads "Jon Husted".

Ohio Secretary of State

Validation Number: 201531401408