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COVER LETTER

SUBJECT: Virtual Management Grou	m Inc				
- 11.11.11.11.11.11.11.11.11.11.11.11.11.		ion - mu	st include suffix		
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or "Certification" above referenced foreign corporation	ate of Good S	tanding'	" and check are sub		
Please return all correspondence conc	erning this ma	tter to th	ne following:		
Deborah A. Francis					
	Name	of Perso	n		
Virtual Management Group, Inc.					
······································	Firm/C	ompany			
1729 Dartmoor Lane					
	Ad	dress			
Ponte Vedra, Florida 32081					
	City/State	e and Zi	p code		
debfranjax@gmail.com					
E-mail add	ress: (to be use	d for fu	ture annual report	notification)	
For further information concerning the	is matter, pleas	se call:			
Deborah A. Francis	at (904	/	26-3763	***	
Name of Person	Area C	Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
Registration Section Division of Corporations			Registration Section		
Clifton Building		Division of Corporations P.O. Box 6327		•	
2661 Executive Center Circle		Tallahassee, FL 32314			
Tallahassee, FL 32301			- u.i		
Enclosed is a check for the following:	amount:				
chelosed is a check for the following					
_		- *	حد مدد اوالمواجع موسوم	— ••••••••••••••••••••••••••••••••••••	
■ \$70.00 Filing Fee	iling Fee & te of Status		3.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status	

REOK

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2016

DEBORAH A FRANCIS 1729 DARTMOOR LANE PONTE VEDRA, FL 32081

SUBJECT: VIRTUAL MANAGEMENT GROUP, INC.

Ref. Number: W16000015683

We have received your document for VIRTUAL MANAGEMENT GROUP, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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: 516A00004395

TALLAHASSEE, FLORIDA

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.

Virtual Manager	ment Group, Inc.				
)," "(COMPANY," "CORPORATION	,,	
(If name unavails	able in Florida, enter alternate corporate nam	e ado	pted for the purpose of transacting	g business in Florida)	
Ohio		3. 34	1736782		
(State or countr	y under the law of which it is incorporated)		(FEI number, if app	olicable)	
06/18/1993		5			
(Date of incorporation)			(Date of duration, if other than perpetual)		
August 2015					
				- 3	
1720 D		.1302,	r.s., to determine penalty habilit	у)	
.1729 Dartmoor					
	(Prin	cipal o	ffice address)		
	(Current ma	ling a	ddress, if different)		
				A C	
Name and stree	et address of Florida registered agent: (I	P.O. E	Sox NOT acceptable)	CC: 7	
Name:	Deborah A. Francis				
ffice Address:	1729 Dartmoor Lane		_		
	Ponte Vedra,		_, Florida 32081		
	(City)		(Zip code)	21 N	
	(Enter name of c "Inc.," "Co.," "C (If name unavails Ohio (State or countr 06/18/1993 (Date August 2015 .1729 Dartmoor Name and street Name:	(Enter name of corporation; must include "INCORPORATEI "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name of corporate in the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) August 2015 (Date first transacted business (SEE SECTIONS 607.1501 & 607.1729 Dartmoor Lane, Ponte Vedra Florida 32081 (Prince Current main Name and street address of Florida registered agent: (Finame: Deborah A. Francis ffice Address: 1729 Dartmoor Lane Ponte Vedra,	"Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adol Ohio (State or country under the law of which it is incorporated) 06/18/1993 (Date of incorporation) August 2015 (Date first transacted business in Florida SEE SECTIONS 607.1501 & 607.1502, 1729 Dartmoor Lane, Ponte Vedra Florida 32081 (Principal of Current mailing and Name and street address of Florida registered agent: (P.O. E. Name: Deborah A. Francis ffice Address: 1729 Dartmoor Lane Ponte Vedra,	(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 Ohio 3. 34-1736782 (State or country under the law of which it is incorporated) (FEI number, if app. 06/18/1993 5. (Date of incorporation) (Date of duration, if other of the August 2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability. 1729 Dartmoor Lane, Ponte Vedra Florida 32081 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Deborah A. Francis ffice Address: 1729 Dartmoor Lane Ponte Vedra, , Florida 32081	

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. Nam	nes and business addresses of officers and/or directors:				
A. DIR	ECTORS				
Chairman	ı:				
Address:					
		 			
Vice Chai	irman:				
Address:					
Director:					
Address:			<u> </u>		
Director:					
Address:					
B. OFF	ICERS	SEC TALL	16 F		
President	Deborah A. Francis	で発	<u>E8</u> 2		
Address:	1729 Dartmoor Lane		9	*******	
	Ponte Vedra, FL 32081	F STATI	PH 3:		
Vice Pres	ident:	ATE ATEA	29		
Address:					
Secretary	:				
Address:					
Treasurer	:			· · · · · · · · · · · · · · · · · · ·	
Address:					
NOTE:	If necessary, you may attach an adderdum to the application listing additional officer	rs and/or	direct	ors.	
are true a a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that that he or she is aware that false information submitted in a document to the Department of the Department of the Department A. Francis				

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

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 VIRTUAL MANAGEMENT GROUP, INC., an Ohio corporation, Charter No. 850408, having its principal location in Akron, County of Summit, was incorporated on July 28, 1993 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 7th day of March, A.D. 2016.

Ohio Secretary of State

Jon Hastel

Validation Number: 201606703236