

F1800000S861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

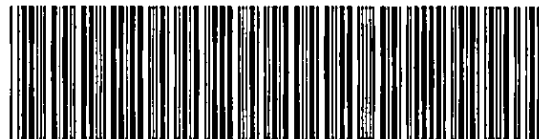
Call/Mrs. M.M.

12-21-18

Special Instructions to Filing Officer:

W18-39956 c/o + Name Diff.

Office Use Only



400312316534

04/26/18--01010--002 **70.00

2018 DEC 21 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

WLS
12-21-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

MICHAEL BARRETT
9822 TAPESTRY PK CIR #208
JACKSONVILLE, FL 32246 US

SUBJECT: CURA MGT GROUP, INC.
Ref. Number: W18000105685

We have received your document for CURA MGT GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 218A00025115



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2018

MARSHA BOGGESS
CURA MGMT GROUP INC
9822 TAPESTRY PARK CIR, STE. 208
JACKSONVILLE, FL 32246

SUBJECT: CURA MGT GROUP, INC.
Ref. Number: W18000039956

We have received your document for CURA MGT 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 418A00008768

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURA Mgmt Group 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," 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:

Marsha Boggess

Name of Person

CURA Mgmt Group Inc

Firm/Company

9822 Tapestry Park Circle Ste 208

Address

Jacksonville, FL 32246

City/State and Zip code

tgarwood@focusone.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Garwood

904

616-3121

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:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.

1. CURA Mgt Group, 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. Delaware 3. 38-4050438
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/17/17 5. NA
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 2, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9822 Tapestry Park Circle Ste 208 Jacksonville, FL
(Principal office address) 32246

(Current mailing address, if different)

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

Name: Maura Boggess

Office Address: 9822 Tapestry Park Cir #208
Jacksonville, Florida 32246
(City) (Zip code)

2018 DEC 21 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

✓ Maura L Boggess
(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: _____

FILED
2018 DEC 21 PM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Michael Barrett

Address: 9822 Tapestry Pl Cir #208
Jacksonville, FL 32246

Vice President: Marsha Boggett

Address: 9822 Tapestry Park Cir #208
Jacksonville, FL 32246

Secretary: 2nd Vice President - Nicole Brackberry

Address: 9822 Tapestry Park Cir #208 Jacksonville, FL
32246

Treasurer: _____

Address: _____

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

12. [Signature]

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. Marsha Boggett - Vice President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CURA MGT GROUP, 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 SEVENTEENTH DAY OF NOVEMBER, A.D.
2018.



6580839 8300

SR# 20187565049

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203924043

Date: 11-17-18