

F190000001748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

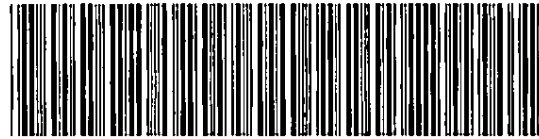
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Cert W19-28903

Office Use Only



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19 APR -5 AM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

of  
4/9/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2019

MATTHEW SIEGAL  
11325 SEVEN LOCKS RD, STE 290  
POTOMAC, MD 20854

SUBJECT: CURBIO INC.  
Ref. Number: W19000028903

We have received your document for CURBIO INC. and your check(s) totaling \$87.50. 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.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 619A00005784

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
CURBIO 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:  
MATTHEW SIEGAL

	Name of Person
CURBIO INC.	
	Firm/Company
11325 SEVEN LOCKS ROAD (SUITE 290)	
	Address
POTOMAC, MD 20854	
	City/State and Zip code
msiegel@curbio.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

MATTHEW SIEGAL	844	944-2629	
	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.*

CURBIO 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)  
DELAWARE 83-0706786

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4/17/2018

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

N/A

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

11325 SEVEN LOCKS RD. SUITE 290. POTOMAC, MD 20854

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

C T Corporation System

Name:

1200 South Pine Island Road

Office Address:

Plantation

33324

\_\_\_\_\_, Florida \_\_\_\_\_

(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.*

C T Corporation System

By: C T Corporation System, Stephanie Picco  
(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: RICHARD RUDMAN  
11325 SEVEN LOCKS RD, SUITE 290  
Address: POTOMAC, MD 20854

Vice Chairman:  
Address:

Director: MATTHEW SIEGAL  
11325 SEVEN LOCKS RD, SUITE 290  
Address: POTOMAC, MD 20854

Director:  
Address:

**B. OFFICERS**

President: RICHARD RUDMAN  
11325 SEVEN LOCKS RD, SUITE 290  
Address: POTOMAC, MD 20854

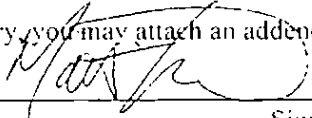
Vice President: MATTHEW SIEGAL  
11325 SEVEN LOCKS RD, SUITE 290  
Address: POTOMAC, MD 20854

Secretary: RICHARD RUDMAN  
11325 SEVEN LOCKS RD, SUITE 290, POTOMAC, MD 20854  
Address:

Treasurer: RICHARD RUDMAN  
11325 SEVEN LOCKS RD, SUITE 290, POTOMAC, MD 20854  
Address:

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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. MATTHEW SIEGAL, DIRECTOR/VICE-PRESIDENT  
(Typed or printed name and capacity of person signing application)

# Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURBIO 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 TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6848357 8300

SR# 20191172982

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202290158

Date: 02-20-19