

F19000002205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

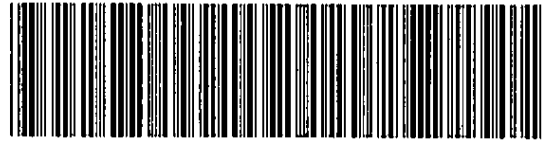
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/19--01024--003 **78.75

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MAY -8 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

C. RUSSELL COX
8440 WOODFIELD CROSSING BLVD., STE 170
INDIANAPOLIS, IN 46240

SUBJECT: THE WARD MANAGEMENT GROUP, INC.
Ref. Number: W19000039358

We have received your document for THE WARD MANAGEMENT GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L18000104549.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00008084

2019 APR -7 PM 3:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ward Management 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:

C. Russell Cox
Name of Person
Cox, Sargeant & Burns, P.C.
Firm/Company
8440 Woodfield Crossing Blvd., Suite 170
Address
Indianapolis, Indiana 46240
City/State and Zip code
rcox@coxsgelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Russell Cox at (317) 469-4120
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. The WARD MANAGEMENT GROUP, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The WARD ASSOCIATION MANAGEMENT GROUP, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 04/04/1994 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)

7. 11495 N. Pennsylvania Street, Suite 103, Carmel, INDIANA 46032
(Principal office address)

(Current mailing address, if different)

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

Name: Abbey Norris

Office Address: 101 S. Old Coachman Road, #402
Clearwater, Florida 33765
(City) (Zip code)

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CLERK OF COURT
CLERK OF COURT

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.

Maigail R. [Signature]
(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: MICHAEL F. WARD

Address: 11495 N. Pennsylvania Street, Suite 103
Carmel, INDIANA 46032

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL F. WARD

Address: 11495 North Pennsylvania Street, Suite 103
Carmel, Indiana 46032

Vice President: _____

Address: _____

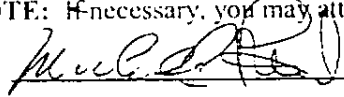
Secretary: Abbey Norris

Address: 101 S Old Coachman Road, #402, Clearwater, Florida 33765

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. MICHAEL F. WARD President
(Typed or printed name and capacity of person signing application)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

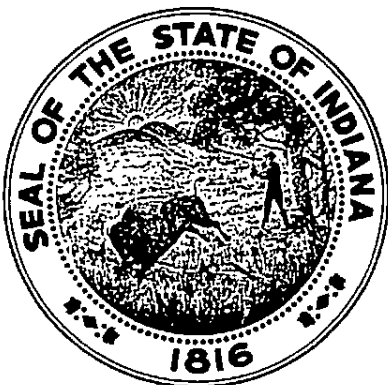
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE WARD MANAGEMENT GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 04, 1994, and was in existence or authorized to transact business in the State of Indiana on April 15, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State; or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 15, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1994040021 / 2019946190

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 15, 2019.