

FL900000343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

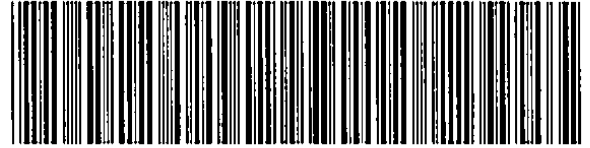
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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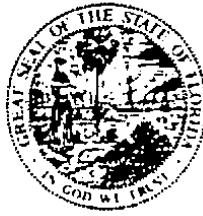
05/16/19--01017--028 **650.00

03/07/18--01004--004 **70.00

2019 JUN 26 PM 2:05
CLERK OF SUPERIOR COURT
JULIA A. BROWN, CLERK

JUL 26 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2019

DAVID WILSEY
2000 REGENCY PKWY, STE 425
CARY, NC 27518 US

SUBJECT: STRATEGY MANAGEMENT GROUP, INC.
Ref. Number: WI9000051545

We have received your document for STRATEGY MANAGEMENT GROUP, INC. and your check(s) totaling \$650.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.," "Inc.," "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 T03000000804.

Please add corporate suffix to alternate name
T03000000804

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.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 219A00010763

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.

STRATEGY MANAGEMENT GROUP, INC.

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

BALANCED SCORECARD INSTITUTE Company

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

NORTH CAROLINA

20-2066437

2.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

NOVEMBER 22, 2004

4.

(Date of incorporation)

(Date of duration, if other than perpetual)

MARCH 1, 2018

6.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2000 REGENCY PARKWAY, SUITE 425, CARY, NC 27518

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

URS AGENTS LLC

Office Address:

3458 LAKESHORE DR

TALLAHASSEE

, Florida

32312

(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.

URS Agents, LLC

Christian Eubanks

Christian Eubanks, Assistant Secretary

(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.

SECRETARY OF STATE
FALL 2009

2019 JUN 26 PM 2:05

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HOWARD H. ROHM

Address: 106 LARKWOOD LANE

CARY, NC 27518

Vice President: DAVID WILSEY

Address: 1105 TEATREE COURT

CARY, NC 27513

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. DAVID WILSEY, COO

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

2019 JUN 26 PM 2:05
SECRETARY OF STATE
MAIL ASSISTANT



Department of the Secretary of State

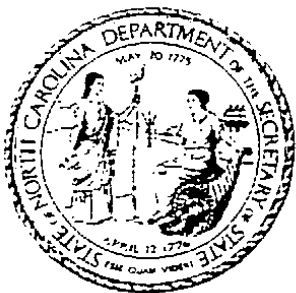
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

STRATEGY MANAGEMENT GROUP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of November, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of April, 2019.

Elaine F. Marshall

Secretary of State