M16000007582

(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:

Called & spoke w/ Antonio Moscatelli faxing me new app & CCS MC 110916-60395 9/23/16

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. CAUSSEAUX

SEP 23 2016

20647

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Curis IT, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ANTONIO M. Moscatelli
Name of Person

Curis IT, LLC
Firm/Company

136 Laukahi St.
Address

Kihei, HI 96753
City/State and Zip Code

ANTONIO @curisit.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO Moscatelli at (808) 276-0319
Name of Contact Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

ANTONIO M. MOSCATELLI
136 LAUKAHI ST
KIHEI, HI 96753

SUBJECT: CURIS IT, LLC
Ref. Number: W16000065395

We have received your document for CURIS IT, LLC and your check(s) totaling $160.00. 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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 916A00020352

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(IN COMPLIANCE WITH SECTION 605.0902, F.S., FOREIGN LIMITED LIABILITY COMPANIES ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION TO APPLY FOR REGISTRATION TO TRANSACT BUSINESS IN FLORIDA:)

1. Curis IT, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Hawaii 46-1921911
(Jurisdiction where company is organized)

4. OCT 1, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 590 Lipoa Pkwy Suite A4
Kihei, HI 96753
(Street Address of Principal Office)

6. 136 Lavkahi St
Kihei, HI 96753
(Mailing Address)

FILED
16 SEP 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: Dr. Matt Byars

Office Address: 13406 Goldfinch Dr.

Lakewood Ranch, FL (City), Florida 34202 (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Dr. Matt Byars
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Antonio Moscatelli
President & CEO
136 Lavkahi St. Kihei, HI 96753

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Antonio Moscatelli
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Antonio Moscatelli
Typed or printed name of signee

Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

CURIS IT LLC

was organized under the laws of the State of Hawaii on 12/24/2012 ; that it is an existing limited liability company in good standing and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 15, 2016

Director of Commerce and Consumer Affairs

16 SEP 23 PM 4:09

STATE OF FLORIDA