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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

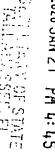
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	CT: Kurve, Inc.			
.,		of corporation -	nust include suffix	
Dear Sir	or Madam:			
"Certifica	osed "Application by Foreign Co ate of Existence," or "Certificate Ferenced foreign corporation to tr	of Good Standi	ng" and check are submi	
Please ret	turn all correspondence concerni	ng this matter to	the following:	
John Corr	igan			
		Name of Pe	rson	
Kurve, Inc	ε.			
		Firm/Compa	ny	
450 Alton	Road Apt #604			
		Address		
Miami Be	each, Florida 33139			
		City/State and	Zip code	
jcorr0910	@gmail.com			
	E-mail address	: (to be used for	future annual report not	ification)
For furth	er information concerning this m	atter, please cal	:	
John Corr	ohn Corrigan at ()			
	Name of Person	Area Code	Daytime Telephor	ne Number
R E T 2	TREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please ma	is a check for the following amo ke check payable to: FLORIDA DE D Filing Fee	EPARTMENT O g Fee & 🔠 S		□ \$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.

Kurve, Inc.							
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	N."				
(If name unavail	able in Florida, enter alternate cornerate name ag	dented for the nurnose of transacting	no business in Florida)				
Dulaware	e unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) are 93-3608045						
2,	3	(FEI number, if applicable)					
09/19/2023	•	·					
1	55	(Date of duration, if other than perpetual)					
12/01/2021			, , ,				
6. <u>12/01/2024</u>	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150		ity)				
450 Alton Road #	604. Miami Beach, Florida 33139						
/	(Principal office	e street address)					
	(Current mailing	address. if different)					
8. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O. John Corrigan 450 Alton Road Apt #604	Box <u>NOT</u> acceptable)	2025 JAN 21 STALL N.E.				
	Miami Beach	Florida					
	(City)	(Zip code)	PA F:				
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agra ative to the proper and comple tion as registered agent.	d corporation at The place ee to act in this capacity. I				
10 Americal			alivami of this analization to				
	certificate of existence duly authenticated, no State, by the Secretary of State or other off						

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	John Corrigan Name:	□Chairman	Name: Wes Madri	gal
□Vice Chairman	Address: 450 Alton Road Apt #604	□Vice Chairman	Address: 475 Bric	kell Ave #4007
Director	Miami Beach, Florida 33139	■ Director	Miami, Florida 33	
□President		■ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
C.O.O.	□ Other	□Other		lOther
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		Treasurer
□Other		□Other		Other
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re		oses only. Non-indexed
12	Signature of Director of	Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) aftirms th		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KURVE, 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 FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KURVE, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2023.



Authentication: 205034036

Date: 12-04-24



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.