

<p>1.) CORPORATION NAME: THE CURA GROUP, INC. OF NJ (used in VA by: TheCura Group, Inc.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARVIN L THORNTON 581 BLACKS LN SCOTTSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NJ</p>	<p>DUE DATE: 2/28/2015</p> <p>SCC ID NO: F1458381</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4102 HARVEST RIDGE LANE

CITY/ST/ZIP: ALPHARETTA, GA 30022

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FRANK A MASIE TITLE: PRESIDENT/VP ADDRESS: 4102 HARVEST RIDGE LANE CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARVIN L THORNTON TITLE: S/T ADDRESS: 581 BLACKS LANE CITY/ST/ZIP/CO: SCOTTSVILLE, VA 24590	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FRANK A MASIE	FRANK A MASIE, PRESIDENT/VP	1/7/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.