

FD6000005509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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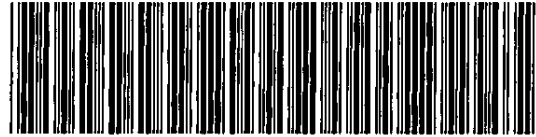
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/23

W06-32245

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIFE & TIMES PRODUCTIONS, Co.
(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," 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:

BARBARA SMOKER
(Name of Person)

LIFE & TIMES PRODUCTIONS, Co.
(Firm/Company)

2015 S. TUTTLE AVE.
(Address)

SARASOTA, FL 34239
(City/State and Zip code)

For further information concerning this matter, please call:

BARBARA SMOKER at (941) 779-5128
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:


New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

ρ \$70.00 Filing Fee

ρ \$78.75 Filing Fee &
Certificate of Status

ρ \$78.75 Filing Fee &
Certified Copy

ρ \$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. ACCESS = ABILITY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LIFE & TIMES PRODUCTIONS, CO.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW MEXICO 3. 850410512
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 6, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 6121 55TH TERRACE E. BRADENTON, FL 34203
(Principal office address)

2015 S. TUTTLE AVE. SARASOTA, FL 34239
(Current mailing address)

8. VIDEOGRAPHER
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: BARBARA SMOKE

Office Address: 6121 55TH TERRACE E.

BRADENTON, Florida 34203
(City) (Zip code)

10. 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.

Barbara S. Smoke
(Registered agent's signature)

11. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BARBARA S. SMOKER

Address: 6121 55th TERRACE E.

BRADENTON, FL 34203

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

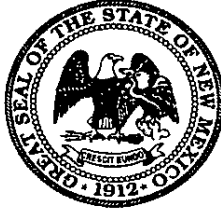
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbara S. Smoker

(Signature of Director or Officer listed in number 12 of the application)

14. BARBARA S. SMOKER

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



OFFICE OF THE
PUBLIC REGULATION COMMISSION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED THAT:

ACCESS - ABILITY, INC.

1561364

a corporation organized under the laws of
NEW MEXICO

is duly authorized to transact business in New Mexico, as a
Domestic Profit Corporation, under the

BUSINESS CORPORATION ACT

(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation APRIL 6, 1992
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public
Regulation Commission which have been assessed against the
aforesaid corporation, have been paid to date and aforesaid
corporation is in corporate good standing & duly authorized
to transact business as its corporate existence has not been
revoked in New Mexico. This Certificate is not to be
construed as an endorsement, recommendation, or notice of
approval of the corporation's financial condition or
business activities and practices. This certificate of Good
standing and compliance expires: MARCH 15, 2007

Dated: AUGUST 1, 2006

In testimony whereof, the Public Regulation of the
State of New Mexico has caused this certificate to be
signed by its Chairman and the seal of said
Commission to be affixed at the City of Santa Fe.

B. R. J.
Chairman

Ann Echols
Bureau Chief