

F020000006396

00855-00647-02943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

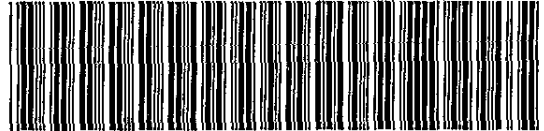
Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

12/26 FOR WRP  
CUS

W02-33740

Office Use Only



700009114497

11/27/02--01053--006 \*\*78.75

MJH

02 DEC 25 PM 5:51

F.H. 510

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OFFICE TALES, INCORPORATED  
(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:

MICHAEL MCCLANAHAN  
(Name of Person)  
OFFICE TALES, INC.  
(Firm/Company)  
P.O. Box 3434  
(Address)  
N. FT. MYERS, FL 33918-3434  
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL MCCLANAHAN at ( 239 ) 370-2940  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 2, 2002

MICHAEL MCLANAHAN  
OFFICE TALES, INC.  
P.O. BOX 3434  
N. FT. MYERS, FL 33918-3434

SUBJECT: OFFICE TALES, INCORPORATED  
Ref. Number: W02000033760

We have received your document for OFFICE TALES, INCORPORATED and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 602A00063950

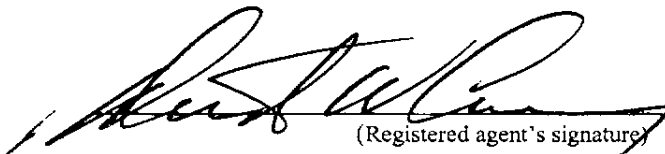
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

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. OFFICE TALES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. EIN 05-0945927  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/01/1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2002  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2723 COLONIAL BLVD. #106 FT. MYERS, FL 33907  
(Principal office address)  
P.O. Box 3434, N. FT. MYERS, FL 33918-3434  
(Current mailing address)
8. VIDEO PRODUCTION + Duplication  
(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 or Mail Drop Box NOT acceptable)  
Name: DAVID W. CANY  
Office Address: 1325 C Del PRADO BLVD. South  
Cape Coral, Florida 33990  
(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.

  
(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.

FILED  
02 DEC 26 PM 5:51  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MICHAEL T. M<sup>C</sup>CLANAHAN

Address: 2723 COLONIAL BLVD. #106 FT. MYERS, FL 33907

Vice Chairman: DEBORAH F. JOHNSON

Address: 6054 PERTSHIRE LN. FT. MYERS, FL

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: MICHAEL T. M<sup>C</sup>CLANAHAN

Address: 2723 COLONIAL BLVD. #106 FT. MYERS, FL 33907

Vice President: DEBORAH F. JOHNSON

Address: 6054 PERTSHIRE LN. FT. MYERS, FL

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Michael T. McClanahan

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL T. M<sup>C</sup>CLANAHAN - PRESIDENT

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

# Delaware

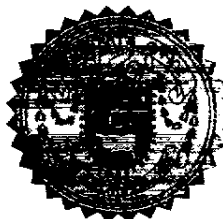
PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OFFICE TALES, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OFFICE TALES, INC." WAS INCORPORATED ON THE FIRST DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3091427 8300

AUTHENTICATION: 2148888

020771579

DATE: 12-16-02