

F0500000005/

7/1/01-3 P 3:40

(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:

W04-26425

Office Use Only



900037616259

07/02/04--01029--022 **87.50

12/28/04--01007--022 **1150.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

JUL 12 - 3 P 3:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

July 12, 2004

MARK PARTLOW
P.O. BOX 753490
MEMPHIS, TN 38175

SUBJECT: TRANSLATORS, INC.
Ref. Number: W04000026425

We have received your document for TRANSLATORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 704A00044315

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

JUN -3 P 3:40

SUBJECT: TRANSLATORS, INC.
(Name of corporation - must include suffix)

OFFICE OF THE
TALLAHASSEE, FLORIDA

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:

MARK PARTLOW
(Name of Person)
TRANSLATORS, INC.
(Firm/Company)
PO Box 753490
(Address)
Memphis TN 38175
(City/State and Zip code)

For further information concerning this matter, please call:

MARK PARTLOW at (901) 795-4101
(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

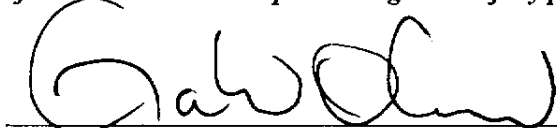
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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.

FILED

20 JUN -3 P 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. TRANSLATORS, 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. TENNESSEE
(State or country under the law of which it is incorporated)
3. 62-1571467
(FEI number, if applicable)
4. 4/7/94
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2003
(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. 6084 Apple Tree Dr, Suite #1, Memphis, TN 38115
(Principal office address)
PO Box 753490, Memphis TN 38175
(Current mailing address)
8. Business of Translations.
(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: GABRIEL O'MEARA
Office Address: 1100 N.E. 163rd ST, #400
N. Miami Beach, Florida 33162
(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.

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

FILED

A. DIRECTORS

Chairman: GABRIEL O'MEARA

Address: 1100 N.E. 163rd ST. #400
N. MIAMI BEACH, FL 33162

2010 JAN -3 P 3:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: ROBERT LAHIERE JR

Address: 20333 STATE HWY 249 #200
HOUSTON TX 77070

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GABRIEL O'MEARA

Address: 1100 N.E. 163rd ST. #400
N. MIAMI BEACH, FL 33162

Vice President: ROBERT LAHIERE JR

Address: 20333 STATE HWY 249 #200
HOUSTON TX 77070

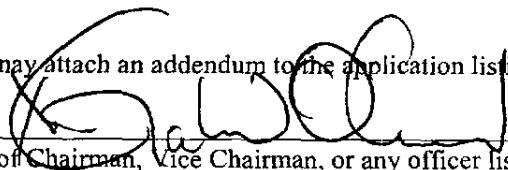
Secretary: MARIA O'MEARA

Address: 1100 N.E. 163rd ST. #400, N. MIAMI BEACH, FL 33162

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GABRIEL O'MEARA, President & CHAIRMAN
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/03/2004
REQUEST NUMBER: 04155011
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/07/1994
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0277822
JURISDICTION: TENNESSEE

TO:
TRANSLATORS, INC.
ATTN: M D PARTLOW
PO BOX 753490
MEMPHIS, TN 38175

REQUESTED BY:
TRANSLATORS, INC.
ATTN: M D PARTLOW
PO BOX 753490
MEMPHIS, TN 38175

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"TRANSLATORS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/03/04

FROM:
TRANSLATORS INC
PO BOX 753490

MEMPHIS, TN 38175-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003526929
ACCOUNT NUMBER: 00449834



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE