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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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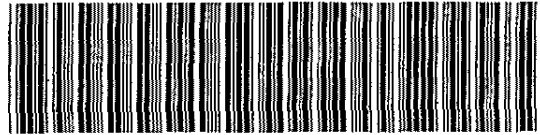
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F05-936  
ae

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MNN, INC.

(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 A. CONN

(Name of Person)

MNN, INC.

(Firm/Company)

1960-C BUFORD BLVD.

(Address)

TALLAHASSEE, FLORIDA 32308

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL A. CONN

(Name of Person)

at ( 850 ) 878-8784

(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

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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.*

1. MNN, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MNN&MNN, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VERMONT 3. 90-0109765  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 23, 2003 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2005  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1960-C BUFORD BLVD., TALLAHASSEE, FLORIDA 32308  
(Principal office address)  
1960-C BUFORD BLVD., TALLAHASSEE, FLORIDA 32308  
(Current mailing address)

8. REAL ESTATE INVESTMENT  
(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: H. LEON HOLBROOK

Office Address: ONE INDEPENDENT DRIVE SUITE 2301

JACKSONVILLE, Florida MICHAEL A. CONN  
(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.*

H. Leon Holbrook  
(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:

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TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: MICHAEL A. CONN

Address: 1113 WISTERIA DRIVE

TALLAHASSEE, FL 32312

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: MICHAEL A. CONN

Address: 1113 WISTERIA DRIVE

TALLAHASSEE, FL 32312

Vice President: \_\_\_\_\_

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

Secretary: NICHOLAS H. HARRIS

Address: 1113 WISTERIA DRIVE, TALLAHASSEE, FL 32312

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

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

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

13. \_\_\_\_\_

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

14. MICHAEL A. CONN, PRESIDENT

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

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that  
according to the records of this office

MNN, INC.

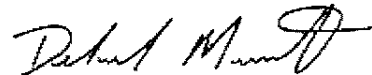
a corporation formed under the laws of Vermont

was filed for record in this office on July 21, 2003

I further certify that the corporation has perpetual duration, that its most recent annual report is  
on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

January 31, 2005

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital



Deborah Markowitz  
Secretary of State

