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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MYKLAN ME	CORPORATION OF WAPL corporation - must include suffix)
(,,
Dear Sir or Madam:	
	ration for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to
Please return all correspondence concerning th	nis matter to the following:
\hat{O}	ما ليا ا
- Engene	TUTCHESON
٠	(Name of Person)
Myriad Medic	a Corporation of Naples
CC 2 C A 1	(Firm/Company)
8838 Ven	Hura Drive
	(Address)
Marchae II	mida 34109
- TUPLES FIG	
(C)	ity/State and Zip code)
For further information concerning this matter	r, please call:
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Gone Kuthan	239, 254-9788
(Name of Person)	(Area Code & Daytime Telephone Number)
(Maine of 1 cison)	(Area Code & Daytime Telephone (Minoet)
erneer Anneec.	DELETE SALO ADDITION
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 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: Office Address: 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.

- 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:

A. DIRECTORS
Chairman:C.EUGENEHUTCHESON
Address: 8838 Ventura Drive
Naples FL 34109
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: C. Eugene Hurchesm
Address: 8838 V-entura Drive
$\mathbf{N} \cup \mathbf{N} \cup $
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. C. Eggne Wileliper
(Stanature of Director or Officer listed in number 12 of the application)
14. C. Eugeno Hitch con Chairman +CEO (Exped or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

Delaware

The First State
1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYRIAD MEDIA CORPORATION" 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 TWENTY-NINTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYRIAD MEDIA CORPORATION" WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2001.

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



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Harriet Smith Windsor, Secretary of State

DATE: 04-29-05