## F9500001426 TRANSMITTAL LETTER

Warning counties

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

于哪些的人是一个企业的企业的企业的企业的企业,但是一个企业的企业的企业。

©CICHOLO 1.4 \$884 \$76 -03/24/35--01020--001 +\*\*\*\*80.00 \*\*\*\*\*80.00

SUBJECT: OPEN CHAPTER, INCORPORATED (Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact E Florida", "Certificate of Existence", and check are submitted to register the above foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Nancy Hansbrough (Name of Person)	38	151A10
(Firm/Company)	175 175 176	- 설립 - 설립~
781-5 S.W. Gardens Blvd. (Address)  Palm City, FL 34990 (City, State and Zip Code)	40:11HV 1	E CONTORNICUS.
Should you need to call someone concerning this matter, please call:	4	ntn
Lawrence E. Crary III   at ( 407 ) 287-2600 .   (Name of Person)   Area Code & Daytime Telephone Number		

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:

OPEN CHAPTER INCORPORATED (Name of corporation: must include the wealth abbraviations of like import in language as or partnership if not so contained in the name of the contained in th	rd INCORPORATE will clearly indicate me at present)	D", "COMPANY","CORPORAT that it is a corporation instead	ION* or words or l of a natural person		
2. Georgia (State or country under the law of which it is		58 - 178 /6 27 (FEI numbor, if applicable)			
4. 3/09/88	5. perpetual				
(Date of Incorporation)	(Duration	Year corp. will coase to exist	or perpetual?		
61/01/95			77 (10)		
(Date first transacted business in Florida. (S	see scations 007,1501, 6	07.1502, and 817.165, F.S.)	10 No		
7. Nancy Hansbrough			<b>क्षा</b> ्रश्चेत्र		
781-5 S.W. Gardens Blvd., Pa		4990	## II: 01		
(Current mailin	g address)		0 88 88		
8. To engage in any activity or business permitted under the laws of the United States and (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) of the State					
of Florida.  9. Name and street address of Fiorida registered agent:  Name: Lawrence E. Crary III					
Office Address: 555 Colora	,				
Stuart,		, Florida , <sup>3499</sup>	94		
•			(Zip Code)		
IO. Registered agent's acceptance	9:				
Having been named as registered agreeroration at the place designated registered agent and agree to act in the fall statutes relative to the proper avith and accept the obligations of my (Registered)	in this applications capacity. I fund complete per position as regional to the control of the co	ion, I hereby accept the rther agree to comply wi formance of my duties,	appointment as ith the provisions		

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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## II:
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A.	DIRECTORS				
	Chalrman:				
	Address:				
	•				
	Vice Chairman: _				
	Addross:				
	<u> </u>				
	Director: Nancy	Hansbrough			
	Address: <u>781-5</u>	SW Gardens Blvd.			
	_Palm_C	ity, Fl. 34990			
	Director: Bruce	A. Hansbrough			
	Address: <u>781-5</u>	SW Cardens Blvd.			
	Palm C	ity, FL 34990			
В.	OFFICERS				
	President: Nancy Hanshmugh				
	Address: _781-5 SW Gardens Blvd.				
	Palm C	ity, FL 34990			
Vice President: Bruce Hansbrough					

Address: 781-5 SW Gardens Blvd.

Secretary: Connie Griffith

Address: 781-5 SW Gardens Blvd.

Palm City, Ft. 34990

Palm City, FL 34990

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

Address:

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

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

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

14. Nancy Hansbrough, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
Adartin Luther King Ir. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950590569
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JURISDICTION : GEORGIA
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FORM NUMBER

: 211

CRARY BUCHANAN BOWDISH BOVIE ETAL ATTN JANET S GROSE P O DRAWER 24 STUART FL 34995-0024 FILED
SECRETARY OF STATE
DIVISION OF OUNDATIONS
95 MER 24 ANIII: 04

## CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## OPEN CHAPTER, INCORPORATED A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

SECRETARY OF STATE

