

# F990000004193

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: TRANS-ATLANTIC LANGUAGES OCEAN AND SPORT (TALOS) INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00045-00047-00524-00071 <sup>CC</sup> W99-10623

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:

CARY M. ELCOME

(Name of Person)

Name  
Availability **MJH**

Document  
Examiner

Updater

Updater  
Verifier

Acknowledgement

W. P. Verifier

TRANS-ATLANTIC LANGUAGES OCEAN AND SPORT (TALOS)

(Firm/Company)

2609 NE 8TH AVE # 15

(Address)

WILTON MANORS FL. 33334

(City/State/Zip)

300002861729--9

-05/04/99--01046--012

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

CARY M. ELCOME

(Name of Person)

at (954) 565-8505

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 13 PM 2:20



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 6, 1999

CARY M. ELCOME  
TRANS-ATLANTIC LANGUAGES, OCEAN & SPORTS  
2609 NE 8TH AVE #15  
WILTON MANORS, FL 33334

SUBJECT: TRANS-ATLANTIC LANGUAGES, OCEAN & SPORTS INC.  
Ref. Number: W99000010623

We have received your document for TRANS-ATLANTIC LANGUAGES, OCEAN & SPORTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence, 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.

The Certificate submitted was a CERTIFIED COPY CERTIFICATE, this is not acceptable.,

Please return your document, along with 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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 499A00024777



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 6, 1999

CARY M. ELCOME  
TRANS-ATLANTIC LANGUAGES, OCEAN & SPORTS  
2609 NE 8TH AVE #15  
WILTON MANORS, FL 33334

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Michelle Hodges  
Document Specialist

Letter Number: 499A00024777

**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. TRANS-ATLANTIC LANGUAGES, OCEAN & SPORTS 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

(State or country under the law of which it is incorporated)

3. 65-0676965

(FEI number, if applicable)

4. JUNE 10, 1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NOT YET TRANSACTED

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2609 NE. 8TH AVE # 15

WILTON MANORS FL. 33334

(Current mailing address)

8. ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) AUTHORIZED IN FLORIDA.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CARY M. ELCOMB

Office Address: 2609 N.E. 8TH AVE # 15

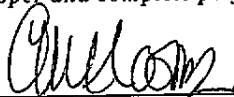
WILTON MANORS

Florida, 33334

(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
99 AUG 13 PM 2:20

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: CARY M. ELCOMB

Address: 2609 N.E. 8TH AVE #15

WILTON MANORS FL 33384

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: CARY M. ELCOMB

Address: 2609 N.E. 8TH AVE #15

WILTON MANORS FL 33384

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. \_\_\_\_\_

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

14. \_\_\_\_\_

CARY M. ELCOMB, CHAIRMAN AND PRESIDENT

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

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TRANS-ATLANTIC LANGUAGES, OCEAN &  
SPORTS 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  
TWENTY-FIRST DAY OF MAY, A.D. 1999.



2629776 8300

991203917

Edward J. Freel, Secretary of State

9759805

AUTHENTICATION:

DATE: 05-21-99