

F05000003754

DEPARTMENT OF CORPORATIONS

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Florida Department of State  
Division of Corporations  
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FOREIGN PROFIT QUALIFICATION

Optik Technologies Inc.

Certificate of Status	0
Certified Copy	1
Page Count	5
Estimated Charge	\$78.75

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Name Availability	
Statement of Information	
Articles of Incorporation	DCC
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Articles of Dissolution	DCC

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 13, 2005

OPTIK TECHNOLOGIES INC.  
3646 FALLING LEAF LANE  
ORLANDO, FL 32810

SUBJECT: OPTIK TECHNOLOGIES INC.  
REF: W05000029045

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Ind," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name 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) 245-6913.

Diane Cushing  
Document Specialist

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

HC50001448083

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. Optik Technologies Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "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)

2. Nevada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-30-2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(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. 3646 Falling Leaf Lane, Orlando, Florida 32810  
(Principal office address)

3646 Falling Leaf Lane, Orlando, Florida 32810  
(Current mailing address)

8. Company will provide outsourced business services in areas of computer programming, architectural modelling, data entry and call center services.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

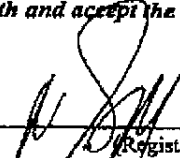
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd., Suite 101

Tallahassee, Florida 32301-2960  
(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:

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**A. DIRECTORS**

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

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

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

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

Director: Gregory Noone

Address: 3646 Falling Leaf Lane, Orlando, Florida 32810

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

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

**B. OFFICERS**

President: Gregory Noone

Address: 3646 Falling Leaf Lane, Orlando, Florida 32810

Vice President: Gregory Noone

Address: 3646 Falling Leaf Lane, Orlando, Florida 32810

Secretary: Gregory Noone

Address: 3646 Falling Leaf Lane, Orlando, Florida 32810

Treasurer: Gregory Noone

Address: 3646 Falling Leaf Lane, Orlando, Florida 32810

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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. Gregory Noone, President  
(Typed or printed name and capacity of person signing application)

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P.04

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OPTIK TECHNOLOGIES INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 30, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 20, 2005.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*Rhonda J.*  
Certification Clerk

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TALLAHASSEE, FLORIDA

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