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ACCOUNT NO. : 072100000032

SECRE FARY OF STATE

REFERENCE: 720898

5130951 TALLAHASSEE. FLORIDA

AUTHORIZATION

COST LIMIT

ORDER DATE: January 19, 2007

ORDER TIME : 3:36 PM

ORDER NO. : 720898-005

CUSTOMER NO: 5130951

FOREIGN FILINGS

NAME: ONTARIO INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

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.

	orporation; must include		"COMPANY," "C	CORPORATION,"	
me, co, c	огр, пас, со, от ст	up ,			
	tio 1 INC				
	able in Florida, enter alte	rnate corporate name a	dopted for the purpo	ose of transacting busin	ess in Florida)
DELAWARE		3			
State or country	under the law of which	t is incorporated)	(FEI	number, if applicable)	
	1/11/1994	5.	Perpetu	لما	
(Date	of incorporation)		(Duration: Year co	لم p will cease to exist o	r "perpetual")
		transacted business in VS 607 1501 & 607.150			
	26326	Heron wo	od Rd	FASTON	MD 216
		(Principal office addre	ess)		
			same_		
		(Current mailing addre	ess)		
•	FiNAA s) of corporation authorized address of Florida re	Gad Correction to the contract of the contract	Sulfing	•	OT JAN
•	s) of corporation authoriz	ed in home state or cou	Sulfing	•	OT JAN 30
Name and street	s) of corporation authorized address of Florida re	ed in home state or cou	Sulfing	•	OT JAN 30 PH
Name and street	s) of corporation authorized address of Florida re Corporation Service C	ed in home state or cou	Sulfing ontry to be carried on Box NOT accept	table)	OT JAM 30 PH 1. OF STA
Name and street	et address of Florida re Corporation Service C 1201 Hays Street Tallahassee	ed in home state or cou	ntry to be carried or Box NOT accept	table)	OT JAN 30 PH 1:00
Name and sires Name: Name: ffice Address: Registered a aving been names ignated in this orther agree to a d I am familian	ct address of Florida recomposition Service Corporation Corpor	ed in home state or countries of accept the appointment in home of all statutes resulting ations of my positive in home state in home state in home state or countries in home state or	nsy to be carried of Box NOT accept Florida 3230 (Zine of process for the ent as registered alative to the propertion as registered alative to the propertion as registered.)	iable) ip code) se above stated corpo sent and agree to ac er and complete perfo	eration at the place
Name and street Name: fice Address: Registered activity been name signated in this orther agree to cond I am familian	ct address of Florida re Corporation Service C 1201 Hays Street Tallahassee (agent's acceptance: and as registered agent application, I hereby comply with the provis	ed in home state or countries of accept the appointment in home of all statutes resulting ations of my positive in home state in home state in home state or countries in home state or	Box NOT accept Florida 3230 Florida 7 Florida 6 Florida 6 Cite of process for the ent as registered all attive to the prope	table) ip code) se above stated corpo sgent and agree to ac er and complete perfo l agent.	eration at the place et in this capacity. I

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 dusiness addresses of officers and/of directors:
A. DIRECTORS
Chairman: Jerry Jana
Address: 26326 Heronwood Rd
EASTON MD 21601
Vice Chairman:
Address:
Director: Pam Jana
Address: SAME
Director: Jerry Jana
Address: Same
B. OFFICERS
President: Jerry Jana
21221 1122 1122 121
Address: 26326 Heron Wood Kal EASTON
Vice President: Pam Jana
•
Address: Same
Secretary: Verry Jana
Address: Same
Treasurer: \ Jam Juna
Address: SAME
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jamela Jana
(Signature of Director or Officer listed in number 12 of the application)
14. Jerry JANA PAMELA JANA
(Typed or printed name and capacity of person signing application)

Delaware

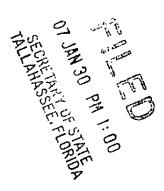
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONTARIO 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 NINETEENTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONTARIO INC."
WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 1994.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.





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Varriet Smith Windson

AUTHEN Harriet Smith Windson Secretary of State

DATE: 01-19-07