

F000000000 393

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: TECHNICA DESIGN STUDIO INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

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-01/18/00--01130--005

*****78.75 *****78.75

Mr. Steven Sherman

(Name of Person)

TECHNICA DESIGN STUDIO INC.

(Firm/Company)

5005 Collins Avenue, #825

(Address)

Miami Beach,

FL

33140

(City/State/Zip)

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

Mr. Steven Sherman

at (305) 868-6590

(Name of Person)

(Area Code & Daytime Telephone Number)

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00 JAN 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	1/24/00
Availability	OK
STREET ADDRESS:	
Document	Registration Section
Number	Division of Corporations
409 E. Gaines St.	
Tallahassee, FL 32399	
Enclosed is a check for the following amount:	
[] \$70.00 Filing Fee	
[X] \$78.75 Filing Fee & Certificate of Status	
[] \$87.50 Filing Fee, Certificate of Status & Certified Copy	
W. P. Verifier	DCC

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**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. TECHNICA DESIGN STUDIO 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. MICHIGAN 3. 38-298-6892
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL, 1984 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. a. 5005 Collins Avenue, Miami Beach, FL 33140
(Principal office address)
/Suite #825,
b. 5005 Collins Avenue, Miami Beach, FL 33140
(Current mailing address)
8. ALL BUSINESSES LAWFULLY ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA
(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: Mr. Steven Sherman

Office Address: 5005 Collins Avenue, #825
Miami Beach, Florida 33140
(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.

 president
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mr. Steven Sherman

/Suite # 825,
Address: 5005 Collins Avenue, Miami Beach, FL 33140

Director: _____

Address: _____

B. OFFICERS

President: Mr. Steven Sherman

/Suite #825,
Address: 5005 Collins Avenue, Miami Beach, FL 33140

Vice President: _____

Address: _____

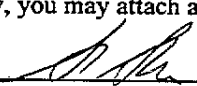
Secretary: Mr. Steven Sherman

Address: Same as above.

Treasurer: Mr. Steven Sherman

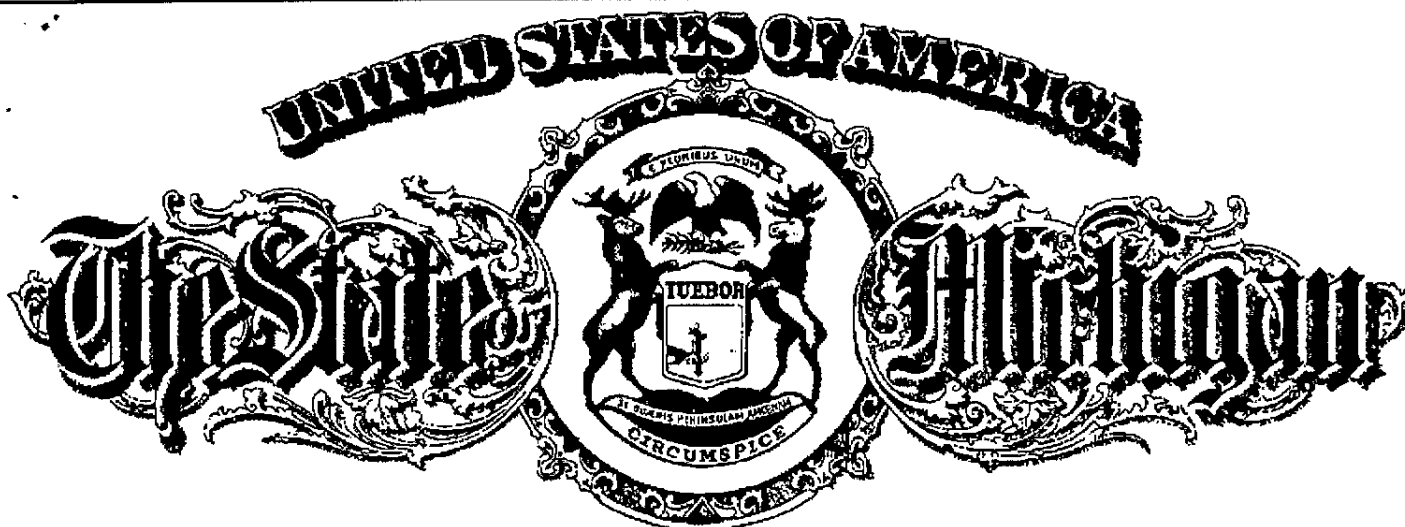
Address: Same as Above.

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

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

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

TECHNICA DESIGN STUDIO, INC.

was validly incorporated on April 26, 1991, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3rd day of January, 2000.

, Director

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00 JAN 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA