# 40800000024444

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT · MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					





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MP 6/2

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JAMES A. CURRAN
E-MAIL DIRECT: jim@cgtco.com
JOSEPH J. COLLOPY
E-MAIL DIRECT: joe@cgtco.com
TERESA MAGEE
E-MAIL DIRECT: terry@cgtco.com

### Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110
3331 STREET ROAD, BENSALEM, PA 19020
TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: info@cgtco.com

May 22, 2008

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE:

To Whom It May Concern:

Enclosed is duplicate Application for Authority of the above company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing and Certificate fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,

Teresa Magee

Secretary

TM/t Enclosures

## 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.

	Solutions, Inc. corporation; must include "INCORPORATI	ED	" "COMBANY" "CODDODATION"		
	Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name unavail	lable in Bloride anter alternate comments as		adament Caraba anno anno a Caraba di La	to product	
Pennsylva		ime	adopted for the purpose of transacting business	in Fiorida)	
	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)		
July 15, 1		_	perpetual		
(Date of incorporation)		э.	(Duration: Year corp. will cease to exist or "perpetual")		
Upon qua	lification				
	(Date first transacted busines		n Florida, if prior to registration) i02, F.S., to determine penalty liability)	<del></del>	
470 Frien	dship Road, Suite 349, Ha				
	(Principal office a				
	(Current mailing a	addı	ress)		
IT 0 :					
IT Service					
	) of corporation authorized in home state or				
Name and stree	et address of Florida registered agent: (F	P.O	Box NOT acceptable)	8	
Name:	Edwin F. Blanton		AH:	2 -	
fice Address:	810 Thomasville Road		ASSI ASSI	08 HAY 30 PH 2: 43	
	Tallahassee		Florida 32303	宗 丑	
	(City)		(Zip code)	51A	
Registered as	gent's acceptance:		and the second s		
ving been nam	ed as registered agent and to accept ser	rvic	e of process for the above stated corporation	on at the pla	
ignated in this	application, I hereby accept the appoin	ntm	ent as registered agent and agree to act in	this capacit	
	with and accept the obligations of my		lative to the proper and complete performation as registered agent.	ince of my a	
•		_			
		$\geq$			
<del></del>	The second		X)		
	(Registered agent's signatur	-e)			

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: A. DIRECTORS Chairman: - KOY BIOSL Address: 470 Friendship Road, Suite 349 Harrisburg, PA 17111 Vice Chairman: David Yarkin Address: 470 Friendship Road, Suite 349 Harrisburg, PA 17111 Director: Shari Jensen Address: 470 Friendship Road, Suite 349 Harrisburg, PA 17111 Director: \_J. Michael Kucek; Anthony J. Salvaggio Address: 470 Friendship Road, Suite 349 Harrisburg, PA 17111 B. OFFICERS President: KOY BIOSC Address: 470 Friendship Road, Suite 349 Harrisburg, PA 17111 Vice President: Address: Secretary: Dan Adams Address: 470 Friendship Road, Suite 349, Harrisburg, PA 17111 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

#### COMMONWEALTH OF PENNSYLVANIA

#### **DEPARTMENT OF STATE**

OS HAY 30 PH 2: 13

MAY 19, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

#### **TECPORT SOLUTIONS, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth