(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phor	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Na	ime)				
(Document Number)					
Certified Copies Certificate	es of Status				
Special Instructions to Filing Officer:					
•					

Office Use Only



10/27/08--01045--004 **70.00

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Identica HOLDINGS COMPORATION (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:					
Michael D. FINN					
(Name of Person)					
Please return all correspondence concerning this matter to the following: MICHARL D. FINN (Name of Person) Flentica Holdings Corporation (Firm/Company) 3825 Henderson Blud # 605 A (Address) Tampa FL 33629 (City/State and Zip code)					
(Firm/Company)					
3805 HENDERSON KLUD # 605 A					
Tan DA EL 33629					
(City/State and Zip code)					
For further information concerning this matter, please call:					
MICHAEL D. F.NN at (P13) 642-3479 + 102 (Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations 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 & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy					

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. I LOUINGS 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. NEUADA

3. 56-4548271

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

(FEI number, if applicable)

		J.		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4.	$\frac{11-18-2005}{\text{(Date of incorporation)}}$	5.	(Duration: Year corp. will cease to exist or "perpetual")	
6.	7-1-2008			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7.	3825 HONDERSON BL	۷	10 # 605 A TAMPA FL	
(Principal office address)				
	200 11 . 12. C. 20. 10 11 1		1 - 1 - 20119	

AMINISTOATILO DETICES (MANUFACIUMOR-DISTABUTOR SECURITY)

8. AMINISTRATIUS OFFICES (MANUFACIUNDR-DISTRIBUTING SECURITY (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) PRODUCTS

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

Name: MICHAEL D FINN

Office Address: 3895 Hendeason BLUD #605 A

TAMPA , Florida 33629 (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 both is 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.

A. DIRECTORS Chairman: Vice Chairman: Address: __ Director: Terry Wheeler Address: 3875 Henderson BLUD #605 A TAMPA FL 33629 Director: FRANCINE FOSTER Address: 3805 HONDERSON BLVD # 605 A **B. OFFICERS** endeason BLUD # 605 A TAMPA FL 33629 Vice President: Address: ___ Secretary: FRANCING FOSTER Address: 3885 Henderson BLUD # 605 A TAMPA FL 33629 Treasurer: Address: _______ 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) FRANCINE FOSTER - SECRETARY
(Typed or printed name and capacity of person signing application)

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **IDENTICA HOLDINGS CORPORATION**, 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 November 18, 2005, and is in good standing in this state.

S TEVANT

Electronic Certificate
Certificate Number: C20081020-1413
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 20, 2008.

ROSS MILLER Secretary of State

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