

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
TECHPRO-RD INC.

Certificate of Status	0
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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. TECHPRO-RD 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. CANADA

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

3. _____

(FEI number, if applicable)

4. 11/08/1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12000 N. DALE MABRY HWY SUITE 110, TAMPA, FL 33618

(Principal office address)

12000 N. DALE MABRY HWY SUITE 110, TAMPA, FL 33618

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(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 NOT acceptable)

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Office Address: 12000 N. DALE MABRY HWY SUITE 110

TAMPA

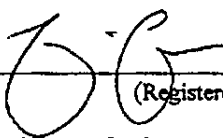
(City)

, Florida 33618

(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.



Nickolas S. Spradlin Esq.

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

A. DIRECTORS

Chairman: REJEAN DROUINAddress: 604 Felix Leclerc Mont St-Hilaire, QC Canada, J3H 5P6

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: REJEAN DROUINAddress: 604 Felix Leclerc Mont St-Hilaire, QC Canada, J3H 5P6

Vice President: _____

Address: _____

Secretary: REJEAN DROUINAddress: 604 Felix Leclerc Mont St-Hilaire, QC Canada, J3H 5P6Treasurer: REJEAN DROUINAddress: 604 Felix Leclerc Mont St-Hilaire, QC Canada, J3H 5P6

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. REJEAN DROUIN AS PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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Certificate of Compliance

*Canada Business Corporations Act
s. 263.1*

Certificat de conformité

*Loi canadienne sur les sociétés par actions
art. 263.1*

TECHPRO-RD INC.

Corporate name / Dénomination sociale

331272-1

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société ci-
dessus mentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

Aïssa Aomari

Deputy Director / Directeur adjoint

2011-08-04

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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