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(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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Office Use Only



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COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJ	ECT:	Name of corpora	Nono Troh, Inc.			
0020		Name of corpora	ntion - must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existend		for Authorization to Transac Standing" and check are subrasiness in Florida.			
Please	return all corres	pondence concerning this m	atter to the following:			
		PATTY C/A	n le			
		Name	e of Person			
	,	POIDUSTRIAL DI	Company			
		Firm/	Company			
	1925	TRADE CENTER V	Vay SUITE 2			
		MAPIES FZ -	3 4/19 Ate and Zip code MANO TECH. CENT sed for future annual report n			
		City/Sta	ate and Zip code			
	pelin	he inpustrial-	MANIOTECH. CEN	7		
	V	E-mail address: (to be us	sed for future annual report n	otification)		
For fu	rther information	concerning this matter, plea	ase call:		T.	
F.	ATOY CLA	nk at (80	767-39 rea Code & Daytime Telepho	otification) Aug 12 P	THE SEC	
Ť	Name of Perso	on A	rea Code & Daytime Telepho	one Number en Ro		
		URIER ADDRESS:	MAILING AI			
New Filing Section Division of Corporations			•	New Filing Section Division of Corporations		
Clifton Building P.O. Box 6327				, •		
	2661 Executive Tallahassee, FI		Tallahassee, Fl	L 32314	•	
Enclos	sed is a check for	the following amount:				
P	70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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. (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) (State or country under the law of which it is incorporated)

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

(Date of incorporation)

3. O3-053 4458

(FEI number, if applicable)

FRAFTUA

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1925 TRADE CENTER Way, SUITE 1, Myles, FL 34109
(Principal office address) SAME AS Above
(Current mailing address) (Current mailing address)

(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) PATTY CARA

1925 TAPPE CERTA Wy, SUITE #1

Plaples , Florida 34109

(City) (Zip code) Name: Office Address: 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. Satty Cluk
(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.

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS ."			
Chairman: 6. STURNT BUNCHILL			
Address: 1125 TRAPE CANDEN My SUITE!			
Chairman: 6. STURNT BUNCHILL Address: 1125 TRAPS CANDEN My, SUITE 1 Magles, FL 34109	······································		 -
Vice Chairman:			
Address:			
	······································		···
Director:			
Address:			
······································			
Director:			
Address:	, . .		
B. OFFICERS			
President: 6. STVMT BURGIN All OFFICERS Address: 1925 TRADE CONTENT Way, SUITE I			
Address: 1925 TRADE COTTE Way, SUITE	<u>/</u>		
Maples FL 34109	ezerogy Ni Bay	_ 	
Vice President:		_ <u></u>	
Address:		<u>ন</u>	4
		2	Sauthern F
Secretary:	9.57	22	Same of the same o
Address:	W	ယ စာ	
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or o	lirector	S.
13.			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Depthird degree felony as provided for in s.817.155, F.S.			
14. G. STVANT Bunkl, Chainman, CEO PARSIDEM! (Typed or printed name and capacity of person signing application)			
(Typed or printed name and capacity of person signing application)			

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Industrial Nanotech, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 14, 2004**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2004-000460584**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of August, 2011 at 10:38 AM. This certificate is assigned 010527414.



Max Malfield Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.