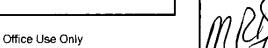
# F11000003723

45 Page 1	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	<b>_</b>
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instructions	s to Filing Officer:





800211702558

09/06/11--01046--021 \*\*87.50

11 SEP IL ANII: 5

MRD 9/15

#### COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: TechKnowHeads, Inc.			
	ion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	standing" and check are submitted to register the		
Please return all correspondence concerning this ma	tter to the following:		
Louis Joel Olivio			
Name	of Person		
echKnowHeads, Inc.			
Firm/C	Company		
4850 51st Street West Unit 8101			
A	ddress		
Bradenton, Fl. 34210			
City/Sta	te and Zip code		
<u>support@techknowheads.com</u>			
E-mail address: (to be us	ed for future annual report notification)		
Forfurther information concerning this matter, plea	se call:		
	0.40.0404		
Louis Joel Olivio at (941			
Name of Person Ar	rea Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section	New Filing Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  \$87.50 Filing Fee, Certified Copy  Certified Copy		



## RECEIVED

FLORIDA DEPARTMENT OF STATES CORPORATIONS
Division of Corporations

September 7, 2011

LOUIS JOEL OLIVIO TECHKNOWHEADS, INC. 4850 51ST ST WEST, UNIT 8101 BRADENTON, FL 34210

SUBJECT: TECHKNOWHEADS, INC.

Ref. Number: W11000046162

We have received your document for TECHKNOWHEADS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Tipe name listed in number one of the application must be identical to the name listed in the certificate of existence.

Tipe registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

ff vou have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 911A00020732

#### 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.	TECHKNOW	HEADS INC			-16 -16	5.
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	RETAI	SEP 11
					SEE.	AMIL: 56
	(If name unavaila	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida	ia)	77
2.	Indiana		3.	45-2834211	읨	75.05
	(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)	— <del>v</del>	
4.	July 22nd, 2	011	5.	Perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual	")	
6.						
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	6746 W Wi	nding Bend, McCordsville, I	N.	46055		
		(Principal office	add	ress)		
	6746 W W	inding Bend, McCordsville				
		(Current mailing	add	ress)		
8.	IT Consulti	ng			<u></u>	
	(Purpose(s	) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	ST '	-17
9.	Name and stree	t address of Florida registered agent: (	P.C	D. Box NOT acceptable)	40 14	
	Name:	Louis Joel Olivio			<u> </u>	
0	ffice Address:	4850 51st Street West, Unit 8	310	<u>)1</u>		
		Bradenton		, Florida <u>34210</u> 署	H D	17
		(City)		(Zip code)		
	3 m 1 4 m					

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.

(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: FILED A. DIRECTORS 11 SEP 14 AM 11: 55 Chairman: \_\_\_\_\_ SECRETARY OF STATE
TALLAHASSEE, FLORIDA Vice Chairman: Address: Address: \_\_\_ Director: Address: \_\_ **B. OFFICERS** President: Andrew P. Johnson Address: 6746 W Winding Bend McCordsville, IN. 46055 Vice President: Secretary: Daniel J. Cayetano Address: 11466 Geist Woods Dr., Indianapolis, IN. 46239 Treasurer: Louis Joel Olivio Address: 4850 51st Street West Unit 8101, Bradenton, FL. 34210 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Louis Joel Olivio

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

### STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

FILED

11 SEP 14 AM 11: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

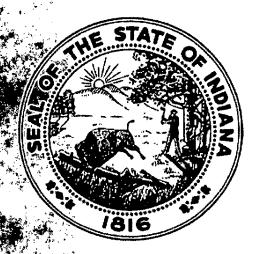
Meharles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### TECHKNOWHEADS INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 22, 2011, and wastin existence or authorized to transact business in the State of Indiana on August 29, 2011.

If further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Ninth Day of August, 2011.

Charles P. White

Charles P. White, Secretary of State

2011072500333 / 2011082926966