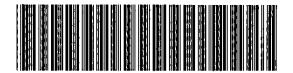
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(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Image Technologies, Inc.
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," or "Certificate of Good Standing" 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:
Tammy S. Koch
Name of Person
Tammy S. Koch, LLC
Firm/Company
8027 Mallard Landing
Address
Indianapolis, IN 46278
City/State and Zip code
koch_tammy@yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Гаmmy S. Koch _{at (} 317) 432-3078
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$ \$78.75 Filing Fee & \text{Certified Copy}\$\$\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO	CE WITH SECTION 607.1503, FLORIDA S	TATUTES, THE FOLLOWING IS SUBMITED TO	
REGISTER A FO	OREIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDAD AND TO SEE THE SEE THE SEC	
1. Image Techn		<u> </u>	
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION," OF STATE OF	
(If name unava	,	adopted for the purpose of transacting business in Florida)	
2. Indiana	3.	27-5068091	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. February 11,	2011 5.	perpetual	
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6	(Date first transacted business i	n Florida, if prior to registration)	
	`	502, F.S., to determine penalty liability)	
7, 8888 Keystone	e Crossing, Suite 1300, Indianapolis, IN 462	240	
	(Principal office add	rcss)	
8888 Keyston	e Crossing, Suite 1300, Indianapolis, iN 46	240	
	(Current mailing add	ress)	
	electrical, and plumbing services for new an		
(Purpose	(s) of corporation authorized in home state or co	ountry to be carried out in state of Fiorida)	
9. Name and stre	eet address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	
Name:	NRAI Services, Inc.		
Office Address:	515 East Park Avenue		
	Tallahassee	, Florida <u>32301</u>	
	(City)	(Zip code)	
Having been nar designated in thi further agree to	s application, I hereby accept the appointn	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my dution sition as registered agent.	
I	NRAI Services, Inc.		
_	By: Jule Chur		
	(Registered agent's signature)		

Joelle Churik, Assistant Secretary
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: Director: Todd Hacker			
Address: 8888 Keystone Crossing, Suite 1300	SE	_ _	
Indianapolis, IN 46240	CRE	JA.	
Vice Chairman:	TAS TA	23	<u> </u>
Address:	EQ.	9	, —
	7.0	ယှ	· ·
Director: Charles Corbin Wampler		80	
Address: 8888 Keystone Crossing, Suite 1300		<u> </u>	
Indianapolis, IN 46240			
Director: James Wilson			
Address: 8888 Keystone Crossing, Suite 1300			
Indianapolis, IN 46240			
B. OFFICERS			
President: Todd Hacker			
Address: 8888 Keystone Crossing, Suite 1300			
Indianapolis, IN 46240	···		
Vice President: N/A			
Address:			
Secretary: James Wilson		·• <u>•</u>	
Address: 8888 Keystone Crossing, Suite 1300, Indianapolis, IN 46240			
Treasurer: Lori Leineweber, Chief Financial Officer	<u> </u>		
Address: 8888 Keystone Crossing, Suite 1300, Indianapolis, IN 46240			
NOTE: If necessary, you may agach an addendum to the application listing additional officers	and/or director	ors.	
13.			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S.			
14. TODO HACKER PRESIDENT (Typed or printed name and capacity of person signing application)	<u> </u>		

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

To Whom These Presents Come, Greetings:

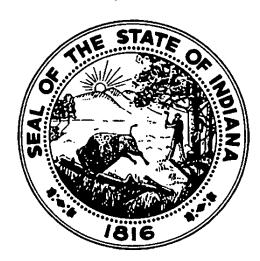
I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

IMAGE TECHNOLOGIES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 11, 2011, and was in existence or authorized to transact business in the State of Indiana on January 17, 2012.

I 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 Seventeenth Day of January, 2012.

Charles P. White, Secretary of State

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