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COVER LETTER

TO:	New Filing Section Division of Corpor			
CHDI	ECT. D. D. T	echnology, Inc		
SUBJ	EC1:		ion - must include suffix	
Dear S	ir or Madam:			
"Certif	ficate of Existence,"		or Authorization to Transa tanding" and check are sub iness in Florida.	
Please	return all correspon	dence concerning this ma	tter to the following:	
Mic	hael A. Wins	slow, Attorney a	at Law	
		Name	of Person	
Mic	hael A Wins	low, Attorney a	t Law, Inc., P.S.	
		Firm/C	ompany	
120	4 Cleveland	Avenue		
Μοι	unt Vernon,		dress	
		City/State	e and Zip code	
pipe	r@winslegal.			
		É-mail address: (to be use	ed for future annual report	notification)
For fur	ther information cor	acerning this matter, pleas	se call:	
Pipe	er Lee Eger	at (360	, 336-3321	
	Name of Person	Are	ea Code & Daytime Teleph	one Number
	STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 33	n ations nter Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a check for the	following amount:		
□ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 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.

•	•	ate name adopted for the purpose of transacting business in Florida)	-	
Washin	gton	(FEI number, if applicable)	-	
(State or count	ry under the law of which it is incorpore			
4. 06/01/1	992	_{5.} perpetual	_	
(0)	ate of inverposation)	(Daration; Your curp, will coase to exist or "purpernal")	-	
5	(Date first transacted) (SBE SECTIONS 607.150)	business in Flurida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	Name	
. 1204 Cl	eveland Avenue, Mour	nt Vernon, WA 98273		
/·		office address)		
same as	above	·		
	(Current m	ailing address)		
	•		_	
	er/maintenance, decol	king and descaling	 افتیر جو	DIV.
	er/maintenance, decol		14 AS	DIVISIO
(Purpor	er/maintenance, decol	king and descaling state or country to be carried out in state of Florida)	14 APR	MUSINIO
(Purpos 9. Name and g	er/maintenance, decoless of corporation authorized in home	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable)	14 APR -7	DIVISION OF C
(Purpor	et/maintenance, decole(s) of corporation authorized in home rect address of Florida registered at NRAI Services, Inc.	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable)	14 APR -7 P	DIVISION or COR
(Purpos 9. Name and g Name:	er/maintenance, decoles) of corporation authorized in home rest address of Florida registered as NRA! Services, Inc.	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable)	14 APR -7 PH	DIVISION or COSTU
(Purpos 9. Name and g	er/maintenance, decoles) of corporation authorized in home rest address of Florida registered as NRA! Services, Inc.	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable) and Road	14 APR -7 PM 4: 1	DIVISION of Chenden
(Purpos 9. Name and g Name:	et/maintenance, decole(s) of corporation authorized in home rect address of Florida registered as NRA! Services, Inc. 1200 South Pine Isla	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable)	14 APR -7 PH 4: 10	DIVISION of CORESPONDENCE
(Purpos 9. Name and g Name: Office Address 10. Registered Having been n designated in t further agree t	erymaintenance, decoless of corporation authorized in home rect address of Florida registered as NRA! Services, Inc. 1200 South Pine Isla Plantation (City) I agent's acceptance: amed as registered agent and to achis application, I heraby accept the occupity with the provisions of all in familiar with and accept the obli	king and descaling state or country to be carried out in state of Florida) sent: (P.O. Box NOT acceptable) and Road	PA F. O	DIVISION OF CORPUGATION
(Purpos 9. Name and g Name: Office Address 10. Registered Having been n designated in t further agree t	et/maintenance, decole(s) of corporation authorized in home rect address of Florida registered as NRA! Services, Inc. 1200 South Pine Isla Plantation (City) I agent's acceptance: amed as registered agent and to achis application, I hereby accept the comply with the provisions of all	king and descaling state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable) and Road , Florida 33324 (Zip cods) cept service of process for the above stated corporation at the appointment as registered agent and agree to act in this cay statutes relative to the proper and complete performance of	PA F. O	DIVISION OF CORPUTATION FROM

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: Orlande Sivacoe		
Address: 4873 46th Street, Ste. 2		
Lacombe, Alberta Canada T4L 2B2		_
Vice Chairman:	<u></u>	
Address:		
Director:	1.010	
Address:	<u>~</u>	NING Services
	APR -	10X
Director:		
Address:	₽.	Veil 1860
	<u> </u>	- 13
B. OFFICERS	0	**
President: Orlande Sivacoe		
Address: 4873 46th Street, Ste. 2		
Lacombe, Alberta Canada T4L 2B2		
Vice President:		
Address:		_
Secretary: Orlande Sivacoe		
Address: 4873 46th Street, Ste. 2, Lacombe, Alberta Canada T4L 2B2		
Treasurer: Orlande Sivacoe	-	
Address: 4873 46th Street, Ste. 2, Lacombe, Alberta Canada T4L 2B2		
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		
are true and that he or she is aware that false information submitted in a document to the Department of State co a third degree felony as provided for in s.817.155, F.S.	nstitut	ies
Orlande Sivaçõe. President		

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



The State of Was Secretary of State Washington

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** D. D. TECHNOLOGY, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/1/1992.

I FURTHER CERTIFY that as of the date of this certificate, D. D. TECHNOLOGY, INC. remains active and has complied with the filing requirements of this office.

Date: March 7, 2014

UBI: 601-392-327



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State