

F 99000003353

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Technical Operations, Incorporated  
(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", 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:

Marcos R. Marchena  
(Name of Person)

Marchena & Graham, P.A.  
(Firm/Company)

233 South Semoran Blvd.  
(Address)

Orlando, FL 32807  
(City/State/Zip)

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-06/25/99--01068--012  
\*\*\*\*175.00 \*\*\*\*\*87.50

Should you need to call someone concerning this matter, please call:

Marcos R. Marchena at ( 407 ) 658-8566  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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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, Certificate of Status & Certified Copy

**MARCHENA AND GRAHAM, P.A.**

ATTORNEYS AT LAW

233 SOUTH SEMORAN BLVD.  
ORLANDO, FLORIDA 32807

TELEPHONE (407)658-8566  
TELECOPIER (407)281-8564

DOUGLAS BILLS-REDÓN  
• KEITH A. GRAHAM  
• MARCOS R. MARCHENA

June 24, 1999

Florida Department of State  
Qualifications/Tax Lien Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

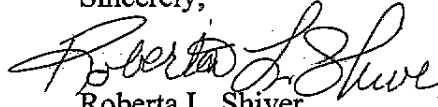
Dear Sir or Madam:

Enclosed please find a check representing payment for two (2) applications by Foreign Corporations for authorization to transact business in Florida, two (2) Certificates of Status and two (2) certified copies totaling \$175.00.

Please overnight the Certificates of Status and certified copies to our office in the envelope provided.

Thank you and please call if you have any questions.

Sincerely,

  
Roberta L. Shiver  
Legal Assistant

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

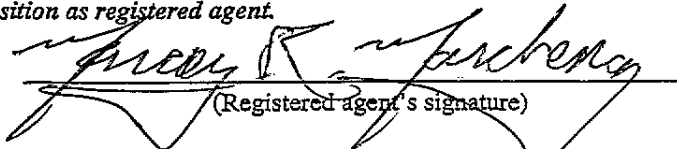
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Technical Operations, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York 3. 113274647  
(State or country under the law of which it is incorporated) (FEF number, if applicable)
4. February 28, 1995 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 30, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 454 West 41st Street  
New York, NY 10036  
(Current mailing address)
8. Expand Technical Services  
(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 or Mail Drop Box **NOT** acceptable)
- Name: Marchena & Graham, P.A. MA 1843
- Office Address: 233 South Semoran Blvd.  
Orlando, Florida, 32807  
(Zip code)

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**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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**Chairman: Achille RaspantiniAddress: 454 West 41st StreetNew York, Ny 10036Vice Chairman: Marion RaspantiniAddress: 454 West 41st StreetNew York, NY 10036Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Achille RaspantiniAddress: 454 West 41st StreetNew York, Ny 10036Vice President: Marion RaspantiniAddress: 454 West 41st StreetNew York, NY 10036Secretary: N/A

Address: \_\_\_\_\_

Treasurer: N/A

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. *Achille Raspantini*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Achille Raspantini, Chairman and President

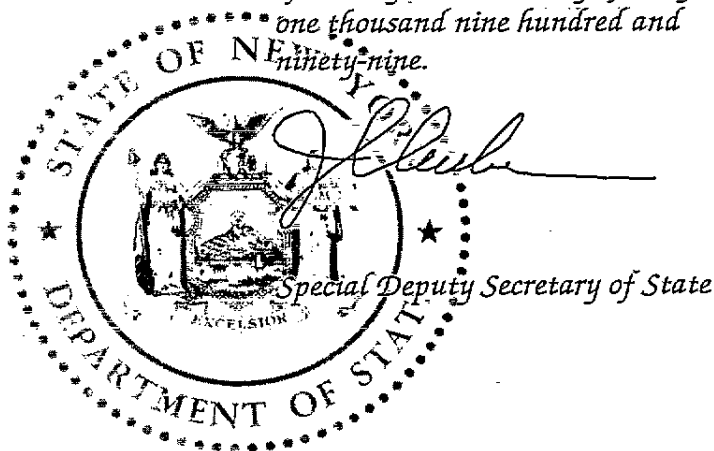
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of TECHNICAL OPERATIONS INC. was filed on 02/28/1995, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 25th day of May  
one thousand nine hundred and  
ninety-nine.



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