

PO7000080203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

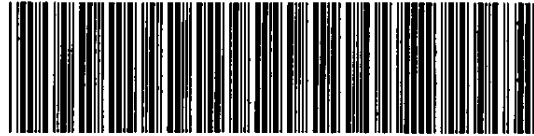
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W07-31449

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2007 JUL 13 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 16 2007

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: OPTIK TECHNOLOGIES INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: \$128.75

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: GREGORY NOONE  
Name (printed or typed)

1667 WILD FOX DRIVE  
Address

CASSELBERRY, FL 32707  
City, State & Zip

407-970-6545  
Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2007

GREGORY NOONE  
1667 WILD FOX DRIVE  
CASSELBERRY, FL 32707

SUBJECT: OPTIK TECHNOLOGIES INC.  
Ref. Number: W07000031449

We have received your document for OPTIK TECHNOLOGIES INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put the name of the registered agent in article VI.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 707A00042904

RECEIVED  
07 JUL 13 PM 3  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## CERTIFICATE OF DOMESTICATION

The undersigned, GREGORY NOONE, PRESIDENT  
(Name) (Title)

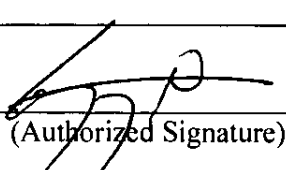
of OPTIK TECHNOLOGIES INC. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 30, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEVADA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was OPTIK TECHNOLOGIES INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is OPTIK TECHNOLOGIES INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEVADA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of OPTIK TECHNOLOGIES INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29 day of JUNE, 2007.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

2007 JUL 13 PM 4: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

OPTIK TECHNOLOGIES INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1667 WILD FOX DRIVE  
CASSELBERRY, FL 32707

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

COMPUTER PROGRAMMING, DATA ENTRY, SCANNING SERVICES

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

2,000

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

GREGORY NOONE, PRESIDENT, 1667 WILD FOX DRIVE, CASSELBERRY,  
FL 32707

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Address: 1667 WILD FOX DRIVE  
CASSELBERRY, FL 32707

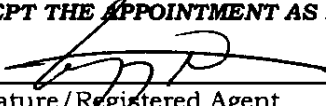
Name: Gregory Noone

**ARTICLE VII INCORPORATOR**

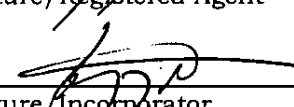
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

GREGORY NOONE  
1667 WILD FOX DRIVE  
CASSELBERRY, FL 32707

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
\_\_\_\_\_  
Signature/Registered Agent

6-29-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-29-07  
\_\_\_\_\_  
Date