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TRANSMITTAL LETTER

00189-00701-00647-00671

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

700003074297--0 -12/17/39--01082-001 *****70.00 *****70.00

SUBJECT: TRIANGE Telecom Tu (Name of corporation - must include suffix)	<u></u>
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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:

GIRARDEAU	Anshe
· (Name of Pers	on)
TRY AN CLE TELL (Firm/Compan	son he
(Firm/Compar	ry)
2215 NE 2	07 8E
(Address)	02120
AVENTURA	F 33180
(City, State and Zip	Code)

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

3/24

COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 23, 1999

GRARDEAU ANDRE 2215 NE 207 ST. AVENTURA, FL 33180

SUBJECT: TRIANGLE TELECOM INC.

Ref. Number: W99000029282

We have received your document for TRIANGLE TELECOM INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 799A00060075

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:

elaware e or country under the la	w of which it is inco	group 3.	52-219953 (FEI numbe	4 er, if applicab	le)
October 27, 1999		Perpetual			
(Date of Incorporation)		(Duration:	Year corp. wi	ll cease to ex	ist or "perpetual")
JPON AUTHORIZATION	المناح المناح المناح		7.1500 017	1EE E C)	
e first transacted busines		ions 607.1501, 60)7.1502, and 817.	. 100, r.a.,	1 (
215 NE 207th Stree	- J				i AL SE(
Aventura, FL 33180					
	Current mailing add				
dry low who	es in the	Stake c	st from	ioa/c	ommunicat
urpose(s) of corporation	authorized in home	state or coun	try to be carri	ed out in the	state of Florida)
lame and street add	iress of Florida	registered	agent:		RIDA
Name:	Andre Girardea	u .			
Office Address: _				· -	
	Aventura			Florida,	33180
	1170110010			riorida / _	(Zip Code)

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.

Names and addresses of officers and/or directors: (Street 12. address ONLY- P. O. Box NOT acceptable) DIRECTORS (Street address only- P. O . Box NOT acceptable) ANDRE GIRARDEAU Chairman: _ 2215 NE 207th St. Address: Aventura, FL 33180 Vice Chairman: _____ Address: _ Director: ANDRE GIRARDEAU 2215 NE 207th St. Address: _ Aventura, FL 33180 Director: ____ Address: ___ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: Anone GRANDEAU 20) B= -2215 NE Address: Brennso, Er Vice President: _____ Address: ____ Anore GRARDERO Secretary: _ 2215 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or_directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIANGLE TELECOM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2000. _ _ _

0310048

AUTHENTICATION:

03-13-00

DATE:

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