FOOD GRANSMITTAL DETERS OF 9

| | on Section of Corporati | ions | | | | | | | : .· |
|---|-------------------------|----------------------------|--------------------------------|-------------------|---|--------------------------|--|---------------|---------------|
| SUBJECT: | Angran | Asset | Managem | ent, | Inc. | | | | |
| 30bjec1 | | (Nan | ne of corpora | tion - | must include suffix) | | | | |
| Dear Sir or Mada | m' | | | | | | | | |
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| The enclosed "Ap "Certificate of Ex transact business | istence", an | y Foreign C d check are | Corporation f e submitted t | or Aut o regis | horization to Transacter the above referen | ct Busines ced foreig | ss in Floridi gn corporat | ar, ion to | |
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| Please return all o | corresponde | nce concern | ning this mat | ter to 1 | the following: "" " | -087 | 227000 **87.50 | TOID, F | البدائاة |
| | Joseph | T. Whe | elihan | | - <u> </u> | 楽作学 | ***6(.3U - | Medical-deal- | |
| _ | | | (Name | of Pe | rson) | | | | |
| | Angran | ı Asset | Managem | ent, | Inc. | | | | |
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| _ | | | (City | /State/2 | Zip) | | - - | r** 's | |
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| Should you need | to call som | eone conce | ming this m | atter, p | olease call: | • | | | |
| Joseph T. | Wheliha | an | at (56 | 51) | 842-4445 | | | 8 . | |
| | of Person) | | _ at <u> </u> | rea Co | 842-4445 ode & Daytime Telep | hone Nur | nber) | | |
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| Registration Sec | | | | | legistration Section Division of Corporation | ons | 5 | <u>o</u> | - |
| Division of Corp 409 E. Gaines St | | | | | O.O. Box 6327 | 0113 | | | |
| Tallahassee, FL | | | | | Tallahassee, FL 3231 | 4 | 1 - | | • |
| - | | | | | | | 46 | | |
| Enclosed is a che | eck for the f | following a | mount: | | | | <i>l</i> . | | |
| 570.00 Filing | Fee 🗖 | \$78.75 Fil Certificat | ing Fee & e of Status | | 78.75 Filing Fee & Certified Copy | Ce | 7.50 Filing ertificate of ertified Con | Status & | |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 30, 2000

JOSEPH T. WHELIHAN ANGRAM ASSET MANAGEMENT, INC. 321 NORTHLAKE BLVD SUITE 114 NORTH PALM BEACH, FL 33408

SUBJECT: ANGRAM ASSET MANAGEMENT, INC.

Ref. Number: W00000021290

We have received your document for ANGRAM ASSET MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

A certificate of existence or a certificate of good standing, 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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 000A00046319

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. | Angram Asset Management, 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. | Delaware 3. 65-0947844 |
| į. | (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. | July 27, 1999 5. Perpetual (Date of incorporation) Curation: Year corp. will cease to exist or "perpetual") |
| | Upon qualification |
| (| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 7. | a. 321 Northlake Blvd., Suite 114, North Palm Beach, FL 33408 |
| | (Principal office address) |
| | 321 Northlake Blvd., Suite 114, North Palm Beach, FL 33408 b. |
| | (Current mailing address) |
| | municinal |
| 8. | To acquire (via auction or bulk purchase), finance and service tax liens |
| | (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:Joseph T. Whelihan |
| Off | fice Address: 9040 Cypress Hollow Drive |
| | Palm Beach Gardens ,Florida 33418 |
| | (Zip code) |
| 10. | Registered agent's acceptance: |
| in ti com | ving been named as registered agent and to accept service of process for the above stated corporation at the place designated this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If urther agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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 business addresses of officers and/or directors: | | | | |
|----------------|---|----------|---|-------------|-------------|
| A. DIREC | TORS | | | | |
| Chairman: | |) | | | |
| | | | | <u></u> | |
| | | | | | |
| Vice Chair | man: | | | | |
| | | | | | · |
| <u> </u> | | | | **** | • |
| — Director: | Jose p h T. Whelihan | | | - | |
| | 321 Northlake Blvd., Suite 114 | | | | |
| Address | North Palm Beach, FL 33408 | | | | |
| – Director: | | | | | <u> </u> |
| | | | • | 00 S | |
| Address: _ | | | *************************************** | 野田 | |
| B. OFFIC | CERS | | Pierre . | SSE PR | <u>1</u> |
| President: | Joseph T. Whelihan | | | ت النظام | |
| Address: _ | 321 Northlake Blvd., Suite 114 | | ÷ - | 8 | |
| _ | North Palm Beach, FL 33408 | | | | |
| Vice Presid | lent: | | | | |
| Address: _ | | | | | |
| | | | | | · |
| Secretary: | | | | | |
| Address: | | | _ | | |
| | | | , | | |
| _ | | | | | |
| | | | | | J |
| Address: _ | | | | | |
| - | halle | | | | |
| NOTE: I | f necessary, you may attach an added dura to the applican | | officers and/or | | |
| 13 | (Signature of Chairman, Vice Chairman, or any o | | | | |
| 1.4 | Joseph T. Whelihan, President | | | | |
| 14 | (Typed or printed name and cap | | | | |

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANGRAM ASSET MANAGEMENT, 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 SECOND DAY OF AUGUST, A.D. 2000.

0595320 **AUTHENTICATION:**

> DATE: 08-02-00

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