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THE LEAD TO SEE THE LEAD TO SE
TO: Registration Section Division of Corporations SUBJECT: DOLPHIN FUND MANAGEMENT INC.
SUBJECT: DOLPHIN FUND MANAGEMENT INC.
(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:
BARTHOLONEW P. BACOP (Name of Person)
No. 11 NO MANAGEMENT (1)
DOUPHIN FUND MANAGEMENT (NC. (Firm/Company)
4940 NORTHDALE BLVD. (Address)
TAMPA, FL 33Q24 (City/State and Zip code)
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-06/26/0201040003 *****87.50 *****87.50
BARTHOLOMEW P. BACON at (813) 979-6000 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

1002-18770 J. BRYAN #JUN 2 7 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 27, 2002

BARTHOLOMEW P. BACON DOLPHIN FUND MANAGEMENT INC. 4940 NORTHDALE BLVD. TAMPA, FL 33624

SUBJECT: DOLPHIN FUND MANAGEMENT INC.

Ref. Number: W02000018770

We have received your document for DOLPHIN FUND MANAGEMENT INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 802A00041144

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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.	<u>۸</u>
λ ^ν , Υ/λ ·	~~/
1. DOLPHIN FUND MANAGEMENT INCORPORATED AND	il S
(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	PL
natural person or partnership if not so contained in the name at present.)	'/ 2
	Par.
2. DELAWARE, U.S.A. 3. 75-5046094 (9)	3/01
2. DELAWARE, U.S.A. 3. 75-3046046 (State or country under the law of which it is incorporated) (FEI number, if applicable)	ロッと
	<u> </u>
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	-
6. OPON QUALIFICATION (Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon qualification.")	-1
(Date first transacted business in Florida. If corporation has not transacted business in Florida, first tra	
·	
7. 4940 PORTHDALE BLUD., TAMPA, FL 33624 (Principal office address)	-
4940 NORTHDHE BLUD , TAMPA, FL 33624 (Current mailing address)	. •
(Current mailing address)	
DROWNE FUND HANAGEMENT SERVICES TO NON-FLORING COMPANI	ΕS
8. PROVIDE FUND MANAGEMENT SERVICES TO NON-FLORIDA COMPANI (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: BARTHOLDHEW P. BACON	
Name: Diffectiffocal teach to sincoa	
Office Address: 4940 NORTHDALE BLUD.	
(City), Florida 33634 (Zip code)	
(City) (Zip code)	
10. Registered agent's acceptance:	
Traving have named as registered agent and to accept service of process for the above stated corporation at the place	e_
designated in this application. I hereby accept the appointment as registered agent and agree to act in this cupacity.	1
further garee 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.	
7 + 7	
frul far	<u>.</u> -
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	ı to
11. Attached is a certificate of existence duty authenticated, not more many of the control of the invigalistic	on

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: BAIRTHOLONION P. BACON
Address: 4940 NORTHDALE BLUD.
TAMPA, FL 33424 TYPE
Vice Chairman: CHARIES H. MOSES I
Address: 4940 NORTHOTIE BLUD.
TAMPA, FL 33624
Director:
Address:
Auditos.
Director:
Address:
Address.
B. OFFICERS
President: CHARLES H. MOSES II
Address: 4940 NORTHOLE BLUD
TAMP4, FL 33624
Vice President:
Address:
Secretary: ALEXANDER F. MACOCOI
Address: 4940 NORTHOTLE BLVD., TAMPA, FL 33624
Address: 4940 NORTHOTLE BLVD., TAMPA, FL 33624 Treasurer: AUXKANDER F. MACCOI
Address: 4940 NORTHDALE BLVD., TAMPA, FL 33624
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
/// Manufacture Manufacture and the second s
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
VICE CHAIRMA)
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOLPHIN FUND 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 FIRST DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.





Varriet Smith Windson

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020427512

AUTHENTICATION: 1863850

DATE: 07-01-02