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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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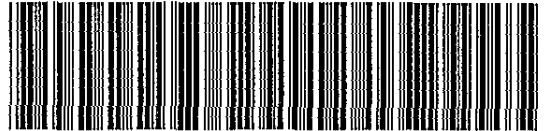
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
ALBUQUERQUE, NEW MEXICO

F03-1289
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN-MARK, 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:

CYNTHIA SUTHERLAND, PARALEGAL
(Name of Person)

BROAD AND CASSEL
(Firm/Company)

ONE NORTH CLEMATIS STREET SUITE 500
(Address)

WEST PALM BEACH, FL 33401
(City/State and Zip code)

For further information concerning this matter, please call:

CYNTHIA SUTHERLAND at (561) 832-3300
(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 & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
103 MAR 12 AM 9:26

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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.*

1. AN-MARK, 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 JERSEY 3. 22-2340577
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 30, 1980 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 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. 16070 VIA MONTEVERDE, DELRAY BEACH, FL 33446
(Principal office address)

16070 VIA MONTEVERDE, DELRAY BEACH, FL 33446
(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS
(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)

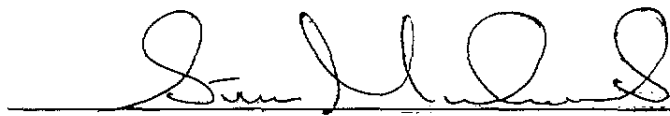
Name: STEVEN MARKOWITZ

Office Address: 16070 VIA MONTEVERDE

DELRAY BEACH, Florida 33446
(City) (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) STEVEN MARKOWITZ

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. DIRECTORS

Chairman: STEVEN MARKOWITZ

Address: 16070 VIA MONTEVERDE

DELRAY BEACH, FL 33446

Vice Chairman: _____

Address: _____

Director: MARYELLEN MARKOWITZ

Address: 16070 VIA MONTEVERDE

DELRAY BEACH, FL 33446

Director: _____

Address: _____

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03 MAR 12 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: STEVEN MARKOWITZ

Address: 16070 VIA MONTEVERDE

DELRAY BEACH, FL 33446

Vice President: _____

Address: _____

Secretary: MARYELLEN MARKOWITZ

Address: 16070 VIA MONTEVERDE, DELRAY BEACH, FL 33446

Treasurer: MARYELLEN MARKOWITZ

Address: 16070 VIA MONTEVERDE, DELRAY BEACH, FL 33446

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEVEN MARKOWITZ, PRESIDENT

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AN-MARK, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on December 30, 1980.*

*As of the date of this certificate, said business
continues as an active business in the State of New
Jersey. Annual Reports are outstanding for the
following year(s):*

1997

1998

2000

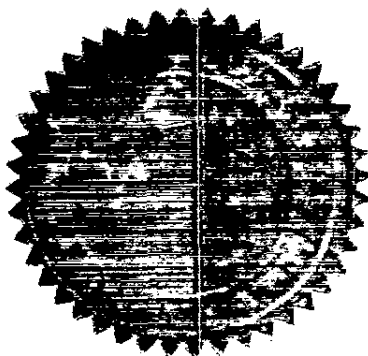
*I further certify that the registered agent and
registered office are:*

Steven Markowitz
27 Greenwoods Road
Old Tappan, NJ 07675

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AN-MARK, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
4th day of March, 2003

A handwritten signature in dark ink, appearing to read "John E. McCormac". The signature is fluid and cursive, written in a professional style.

John E. McCormac, CPA
State Treasurer