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 con	nceming this matter to the following:	400002403: -01/16/980	9048
Howard		- <u>U1/</u> 16/33U ****122 . 50	****122.50
	(Name of Person)	-,	dedelera TCC# CPC
Triangle	(Firm/Company)	Drc.	
	(Firm/Company)	' <u>E</u> c .) .
16 w	Est Martin St.	#806	
	(Address)		
Raleis	of nc 2760,		<u> </u>
	(City/State/Zip)	ne i	
Should you need to call someone co	oncerning this matter, please call:		ን
Howard Udell	at (9/9) \$31-7	2710	nellar
(Name of Person)	(Area Code & Daytime	Telephone Number)	JA 100

COURIER ADDRESS:

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

MAILING ADDRESS:

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

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. Triggle Resource Group, 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. Control of the law of which it is incorporated) 4. Control of the law of which it is incorporated) 5. Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated) Control of the law of which it is incorporated)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
g/of Porpotus
(Duration: Year corp. will cease to exist or "perpetual")
The state of the s
6.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1301, 607.1302 and 617.133, F.S.)
7. 16 WEST MARTIN STreet #806
Rg/e19/ Current mailing address)
(Current mailing address)
Telecommunications Consultant Macketine
8. Tele Communications Consultant & Marketing (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floriday)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name Sand J. Headers of Esquare
Name: Janvel V. Henders of Esquir
Name: Squared J. Henders of Esquared South Suite 500 Office Address: 300 First Avenue South Suite 500 St. Petersburg Co., Florida, 3373/ (Zip code)
St Petersburg Bb Florida, 33/3/
(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 felative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.
(A Comed X Herbura
(Registered agent's signature)
(syaPensalas pRam a astronoma)
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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

DIRECTORS (Street address only - P.O. Box NOT acceptable)	
airman:	
dress:	
e Chairman:	
iress:	
ector. Howard Udell	
bress: 16 west martin st #806	
Raleist- 10. 27601 -	
ector: Robert Bruce	
bress: 16 west MANTEN St #806	
Rabial 1C 27501	
OFFICERS (Street address only - P.O. Box NOT acceptable)	
ident: Howard Udell	
ress: 16 WEST MARTIN St. #806	Ξ_{o}
Rgle194 1C 2760/	52.8
President: Robert Bruce	37 7
President: 16 Lucation 100 A POG	A STATE OF THE STA
ress: 16 West MARTINSL # 806	
Raling 1C 27601	5 3 7
eary: Robert Bruce	33.
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TE: If necessary, you may attach an addendum to the application listing additional	onicers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number	r 12 of the application)
Howard Udell, President	
(Typed or printed name and capacity of person signing	ng application)



Department of The Secretary of State

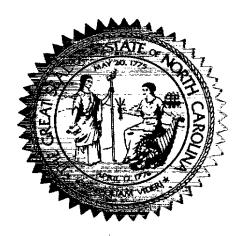
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TRIANGLE RESOURCE GROUP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of September, 1996, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of October, 1997.

Elaine J. Marshall

Secretary of State