

# ANGRAM

ANGRAM  
BUSINESS  
SERVICES, INC.

1114 Northlake Boulevard, Suite 302  
Palm Beach Gardens, FL 33410

Tel: 561 622-4202  
Fax: 561 622-4275

257 Main Street, Suite One  
Torrington, CT 06790

Tel: 860 489-8863  
Fax: 860 489-8784

September 8, 1999

Florida Department of State  
Registration Division  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Registration of Foreign Corporation -  
TaxLink Financial, Inc.

900002985079--0  
-09/13/99-01086-014  
\*\*\*122.50 \*\*\*\*\*78.75

Dear Sir or Madam:

Enclosed please find a check in the amount of \$122.50 in order to register the entity listed above. In addition, I have enclosed a Certificate of Formation. If you need additional information, please feel free to contact me at (561) 622-4202 or by facsimile at (561) 622-4275. Thank you.

Very truly yours,



T. G. BROWN

TGB/ss  
Enclosures: 1

cc: Joseph T. Whelihan, President & CEO

11/11/99  
11/11/99

52

FILED  
99 OCT 29 PM 1:54  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 14, 1999

T.G. BROWN  
ANGRAM  
4114 NORTHLAKE BLVD SUITE 302  
PALM BEACH GARDENS, FL 33410

SUBJECT: TAXLINK FINANCIAL, INC.  
Ref. Number: W99000021802

We have received your document for TAXLINK FINANCIAL, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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

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: 799A00049642

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99 OCT 29 PM 1:55  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Taxlink Financial, 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:

T. G. Brown  
(Name of Person)  
Angram, Inc.  
(Firm/Company)  
4114 Northlake Blvd. Suite 302  
(Address)  
Palm Beach Gardens, FL 33410  
(City/State/Zip)

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

T. G. Brown at (561) 622-4202 x 208  
(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

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TALLAHASSEE, FLORIDA

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

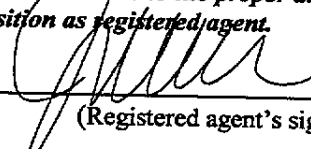
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Taxlink Financial, 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. 65-0947847  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 27, 1999 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 20, 1999  
(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. 4114 Northlake Blvd. Suite 302, Palm Beach Gardens, FL  
(Principal office address) 33410
- b. Same  
(Current mailing address)
8. Municipal Tax Liens (Buying + Selling + Servicing)  
(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
- Office Address: 4114 Northlake Blvd. # 302  
Palm Beach Gardens, Florida 33410  
(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) PWS + CEO

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.

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99 OCT 29 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Joseph T. Whelihan

Address: 4114 Northlake Blvd. Suite 302  
Palm Beach Gardens, FL 33410

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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. Joseph T. Whelihan

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

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99 OCT 29 PM 1:55  
PALM BEACH GARDENS, FL 33410

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAXLINK FINANCIAL, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 1999.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3074975 8300

991397980

AUTHENTICATION: 9990000

DATE: 09-24-99