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Florida Department of State
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FLORIDA PROFIT CORPORATION OR P.A.

anglo biotran limited, inc.

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(3)

ARTICLES OF INCORPORATION
OF
ANGLO BIOTRAN LIMITED, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation
ANGLO BIOTRAN LIMITED, INC.
ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309
ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

JOEL MARCUS
676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOEL MARCUS
676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309

The undersigned has this 26TH day of APRIL, 2005.

SIGNATURE & TITLE

DATE

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:
ANGLO BIOTRAN LIMITED, INC

2. The name and address of the registered agent is
JOEL MARCUS
676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309

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JOEL MARCUS

SIGNATURE _____
(corporate officer)

TITLE : PRESIDENT

DATE _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

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