CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342 8062
FAX (904) 222-1222

RECEIVED
'95 MAY 22 AM 10:35
DIVISION OF CORPORATION

P95000040129

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

_____ of _____

TO: Privsouth Enterprises, Inc.

	C.C. FEE	DISBURSED
_____ Capital Express™		
_____ Art. of Inc. File		
_____ Corp. Record Search		
_____ Limited Partnership File		
_____ Foreign Qual. File		
✓ (1) Cert. Copy(s)		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
_____ C U S- _____		
_____ Fictitious Name File		
_____ Name Reservation		
_____ Annual Report/Reinstatement		
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval		
_____ ____ File No.'s, ____ Copies		
_____ Courier Service _____		
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority _____		
_____ Express Mail Prop. _____		
_____ FAX ( ) pgs.		
_____ _____		
SUBTOTALS _____		

300081495518
-05/22/95-01017-027
****122.50 ****122.50

FILED
95 MAY 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEE	
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	JW	_____	_____

WALK-IN
Will Pick Up 5:22 _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

OF

PRIVSOUTH ENTERPRISES, 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.

FILED
95 MAY 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: PRIVSOUTH ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5960 S.W. 57th Ave.
Miami, Florida 33143

ARTICLE III CAPITAL STOCK

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

Five Hundred (=500=) shares of common stock at $1.00 par value each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gerhardt A. Schreiber
890 S. Dixie Highway
Coral Gables, Florida 33146

ARTICLE V INCORPORATOR(S)

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

Gerhardt A. Schreiber
890 S. Dixie Highway
Coral Gables, Florida 33146

The undersigned has(have) executed these Articles of Incorporation this

19th day of May, 19 95.

Signature/Title

Signature/Title

Signature/Title

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 tate 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: PRIVSOUTH ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

Gerhardt A. Schreiber
(NAME)

890 S. Dixie Highway
(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Florida 33146
(CITY/STATE/ZIP)

FILED
95 MAY 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE [signature]
(corporate officer)

TITLE Incorporator

DATE May 19, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 [signature]

DATE May 19, 1995

REGISTERED AGENT FILING FEE: $35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 OCT -1 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040129

1 Corporation Name

PRIVSOUTH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5960 SW 57TH AVE MIAMI FL 33143	5960 SW 57TH AVE MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 96

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 05/22/1995

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Julio E. Alvarez	3211 Alahambra Cir.	Coral Gables, FL 33134
S/D	David A. Wolfberg	13500 S.W. 66th Ave.	Miami, FL 33156

900001974629--7
-10/15/96--01166--024
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A
890 S DIXIE HIGHWAY
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 9-26-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] DAVID A. WOLFBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9-26-96
Daytime Phone #: 305-666-5474