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TO: DIVISION OF CORPORATIONS
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STATE OF FLORIDA
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TALLAHASSEE, FL 32399
FAX: (904) 922-4000
FROM: EMPIRE CORPORATE KIT COMPANY
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SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: 345 RUNA, INC.
FAX AUDIT NUMBER: H95000000756
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TO DIV CORP ELT FI P.11

JAN-19-1995 14:51 FROM EMPIRE

H9500 0000756

ARTICLES OF INCORPORATION
OF
345 RUNA, INC.

FILED
JUN 15 1995
TALLAHASSEE, FLORIDA

Article I - Name

The name of this corporation is 345 Runa, Inc.

Article II - Duration

This corporation shall have perpetual existence.

Article III - Purpose

This Corporation is organized for the purpose of transacting any or all lawful business.

Article IV - Capital Stock

This Corporation is authorized to issue one hundred (100) shares of Ten Dollars (\$10.00) par value common stock.

Article V - Initial Registered Office and Agent

The street address of the registered office of this Corporation is 687 Harbor Lane, Key Biscayne, Florida 33149, and the name of the initial registered agent of this Corporation at that address is ELISA JUARA.

Article VI - Initial Board of Directors

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws but shall never be less than one (1). The name and address of the initial director of the Corporation is:

Name
Elisa Juara

Address
687 Harbor Lane
Key Biscayne, FL 33149

IRIONDO & RODRIGUEZ, CPA
ANDRES J. IRIONDO
901 PONCE DE LEON BLVD. # 501
CORAL GABLES, FL 33134
(305) 445.0641

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Article VII - Incorporator

The name and address of the person signing these Articles is:

Elisa Juara
687 Harbor Lane
Key Biscayne, FL 33149

Article VIII - Initial Officers

The initial officers of the Corporation are as follows:

Elisa Juara - President, Secretary, Treasurer

Article IX - Initial Place of Business

The initial place of business of the Corporation is 687 Harbor Lane, Key Biscayne, Florida 33149.

Article X - By-laws

The By-laws of the Corporation are to be made, altered, or rescinded by the Directors of the Corporation.

Article XI - Amendments to Articles

These Articles of Incorporation may be amended by the act of the Directors of the Corporation. Such amendments may be proposed and adopted in a manner provided by the By-laws of the Corporation.

Article XII - Commencement

The existence of this Corporation shall commence on the 19th day of January, 1995.

IN WITNESS WHEREOF, the undersigned has executed the Articles of Incorporation this 19th day of January, 1995.

Elisa Juara
ELISA JUARA

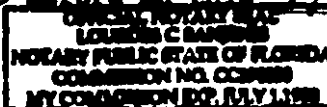
00 JAN 19 1995

H9500 000U730

STATE OF FLORIDA)
COUNTY OF DADE) SS

BEFORE ME, the undersigned authority, personally appeared ELISA JUARA, who is known to me to be the person who executed the foregoing Articles of Incorporation or who produced _____ as identification.

SWORN TO AND SUBSCRIBED before me this 19th day of January, 1995.



Notary Public, State of Florida at Large
My commission expires:

ACCEPTANCE OF RESIDENT AGENT

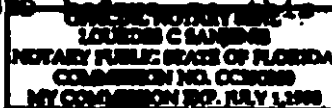
I, ELISA JUARA, hereby accept the foregoing Designation of Resident Agent, this 19th day of January, 1995.

Elisa Juara

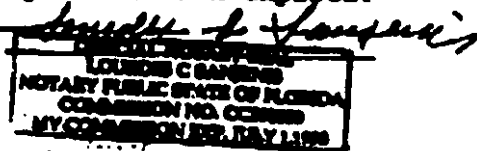
STATE OF FLORIDA)
COUNTY OF DADE) SS

BEFORE ME, the undersigned authority, personally appeared ELISA JUARA, who is known to me to be the person who subscribed to the foregoing Acceptance of Resident Agent, or who produced _____ as identification.

SWORN TO AND SUBSCRIBED before me this 19th day of January, 1995.



Notary Public, State of Florida at Large
My commission expires:



H9500 0000756

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 26 AM 10:48

DOCUMENT # **P95000005015**

1. Corporation Name

345 RUNA, INC.

Principal Place of Business

**687 HARBOR LANE
KEY BISCAYNE FL 33148**

Mailing Address

**687 HARBOR LANE
KEY BISCAYNE FL 33148**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0554806

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ **SE**

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
D	JUARA, ELISA	687 HARBOR LANE	KEY BISCAYNE FL 33148

**700001976387--2
-10/16/96--01029--008
****375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JUARA, ELISA
687 HARBOR LANE
KEY BISCAYNE FL 33148**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Elisa Juara - President
REGISTERED AGENT MUST SIGN

Date

9-20-96

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)(f), 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:

Elisa M. Juara President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELISA M JUARA

CR2E040 (7/96)