(((H95000000447))) ELECTRONIC FILING COVER BHEET TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY DEPARTMENT OF STATE 1492 W FLAGLER ST STATE OF FLORIDA BUITE 200 MIAMI FL 33135-409 EAST GAINES STREET TALLAHASSEE, FL 32309

CONTACT: RAY STORMONT FAX: (904) 922-4000 PHONE: (305) 541-3684 FAX: (305) 541-3770

(((195000000447))) DOCUMENT TYPE! FLORIDA PROFIT CORPORATION OR P.A.

NAME: COLEKAP CORP. FAX AUDIT NUMBER: H96000000447 CURRENT STATUS: REQUESTED TIME REQUESTED: 09:11:42

CERTIFICATE OF STATUS: 0

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ACCOUNT NUMBER: 072450003255 DATE REQUESTED: 01/12/1995

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THIS INSTRUMENT PREPARED BY I JULIAN R. BENJAMIN, ESQUIRE FLORIDA BAR NO. 005093 1100 PONCE DE LEON BLVD. CORAL GABLES, PLORIDA 33134 (305) 448-6282

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# ARTICLES OF INCORPORATION

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# Colekap Corp.

I, the undersigned incorporator of this corporation under Plorida Statute 607, as amended, do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

### ARTICLE I

The name of this corporation is:

## ColeRap Corp.

The mailing address for the Corporation is:
1100 Ponce de Leon Blvd., Coral Gables, Fl 33134

## ARTICLE II

## PURPOSE AND NATURE OF RUSINESS

The purposes of this corporation and general nature of the business to be conducted are as follows:

A. To engage in any business activity or endeavor which is a lawful under the laws of the State of Florida, and the United States of America.

## ARTICLE III

# DURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the data of execution and acknowledgment of these Articles of Incorporation.

## CAPITAL STOCK

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one hundred (100) shares of Common Stock, each share having no par value.

# ARTICLE V

## INITIAL CAPITAL CONTRIBUTION

The amount of capital with which this corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars.

# ARTICLE VI

## SUBSCRIBERS

The name and address of the subscriber of these Articles of Incorporation and the number of shares he has elected to take are as follows:

SUBSCRIBER

**ADDRESS** 

NUMBER OF SHARES

JULIAN R. BENJAMIN

1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 100

# ARTICLE VII

#### DIRECTORS

The initial number of Directors of this corporation shall be

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one (1). The number of Directors may either be increased or decreased from time to time by a vote of the stockholders in conformity with the By-Laws of the Corporation but shall never be less than one (1).

# ARTIGIR VIII

# INITIAL BOARD OF DIRECTORS

The names and addresses of the members of the initial Board of Directors who, subject to the provisions of the Certificate of Incorporation, the By-Laws and the Corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until their successors are elected and qualified, are:

NAMB

## ADDRESS

Lerry Kaplan

c/o Hellman & Maag 1100 Ponce de Leon Blvd. Coral Gables, Fl 33134

Bob Cola

c/o Hellman & Maas 1100 Ponce de Leon Blvd. Coral Gables, Pl 33134

### ARTICLE IX

#### YOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

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## ARTICLE X

## PREMETIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

## ARTICLE XI

# INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1100 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA, and the name of the initial Registered Agent of this corporation at that address is JULIAN R. BENJAMIN.

## ARTICLE XII

#### INDEMN'I FIGATION

The corporation shall in . Ty any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

DATED this \_\_\_\_\_ day of January, 1995.

Julian R. BENJAMIN

STATE OF FLORIDA )
SS COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared

.

JULIAN R. BENJAMIN, to me well known to be the paraon described in and who executed the foregoing Certificate of Incorporation, and who acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official scal at Coral Gables, Dade County, Florida, this day of January, 1995.

Notary Public, Stars of Florida at Large

My Commission Expires:



COLRED COPP.
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
PURPOSES OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS
MAY BE SERVED
IN COMPLIANCE WITH SECTION 48.091, PLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:
FIRST, THAT Colorad Corp. IS DESIRING TO ORGANIZE OR QUALIFY
UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE
OF BUSINESS AT THE CITY OF MIAMI, STATE OF FLORIDA, HAS NAMED
JULIAN R. BENJAMIN, ESQUIRE, AT 1100 PONCE DE LEON BOULEVARD,
CORAL GABLES, STATE OF PLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF
PROCESS WITHIN FLORIDA.
Signature: Benjamin
Title: Subscriber
Date: 1/1/95
Having been named to accept services of process for the above
stated corporation, at the place designated in this certificate,
I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper
and complete performance of my duties.
Signature: JULIAN R. BENJAMIN (Registered Agent)
Date: ////95

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articles/1:\od

# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR ; REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE. Sandra D. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 OCT -2 AM 9: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

P95000003133

f. Corporation Name

COLEKAP CORP.

Precipat Place of Business

1100 PONCE DE LEON BLVD.

Mading Address

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CORAL GABLES FL 33134	
	REINSTATEMENT 910
incorrect information and enter correction held	

			CORAL GABLES FL 30134			REINSTATEMENT OLD				
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Miami Zm 33186	, Flori	da Country USA		, Flori	Country	6 CENTIFICATI	E OF STATUS DESIRED	\$8.7	Not Applicate  Additional Fee requirer a Certificate of Statu	red
7 Names Litters	and Street Adde	pases of Fuch Officer and/o Name of Officers and/or Directors		rida nonprofit c		, <del>, , , , , , , , , , , , , , , , , , </del>	4	City / Sta	ntø / Zip	
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1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134			9100 Sc Suito, Apt. #, Etc. One Dat		outh Dadeland Boulevar tran Center, Suite 910		0	CRZEO		
(10. I, being	appointed the re	gistored agent of the about	named corpor	ation, am famil	City Miami liar with and accept the obtained	ligations of Section	n 607.0505, F.S.	FL	Ζιρ Code 33156	
Signature of Registered /			HULL STERED AGE				Date 9/30/	9_6		
11. Do De	es this co pt. of Rev	rporation pay an enue under S. 1	y <del>in</del> tangi 99.032, f	ble tax to Florida S	the tatutes. Yes	□ No □		ther side on intang	for information ible tax.)	
This reins owed by	statement applica The corporation in	er or director or the receiver tiken, the reason for dissolut have been paid and the nar and accurate, and my signa	ion has been e nes of individua	liminated, the i	corporate name satisfies this form do not qualify for all	hë fëquirements d H exemption undo	f section 607.0401 or	617.040	I. F.S., that all fees	
SIGNAT	URE: 🦙	TURE AND TYPED OR PRINT	ED NAME OF SIG	CHILD OFFICER	OR DIRECTOR	9/	5/96 30	5)3	883-782/ me Phone #	

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