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TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
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TALLAHASSEE, FL 32399  
FAX: (904) 922-4000  
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CONTACT: RAY STORMONT  
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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

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The By-laws of the Corporation are to be made, altered, or rescinded by the Directors of the Corporation.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

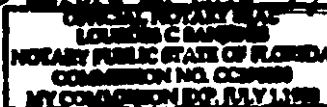
00 JAN 19 1995

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**

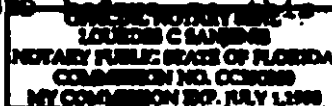
I, ELISA JUARA, hereby accept the foregoing Designation of Resident Agent, this 19th day of January, 1995.

Elisa Juara

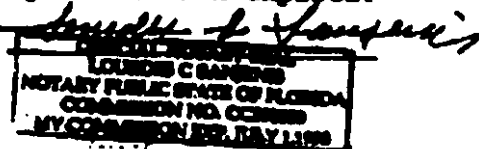
STATE OF FLORIDA )  
COUNTY OF DADE ) SS

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
<b>D</b>	<b>JUARA, ELISA</b>	<b>687 HARBOR LANE</b>	<b>KEY BISCAYNE FL 33148</b>

**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  
**ELISA M JUARA**

Date

Daytime Phone #

CR2E040 (7/96)