P95000012194

2/13/95 FLORIDA DIVISION OF CORPORATIONS 3:14 PM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: ACE INDUSTRIES, INC.
54 NW 11TH ST
MIAMI FL 33136-28902-
CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7832

(((H95000001772))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: 4041 OPERATING CORP.
FAX AUDIT NUMBER: H95000001772
DATE REQUESTED: 02/13/1995
CERTIFIED COPIES: 1
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TALLAHASSEE, FLORIDA

2/14

02-13-1995 15:05 305 358 2632 ACE INDUSTRIES/PRINTING CORP KIT P.02

H95-01772

ARTICLES OF INCORPORATION

of 4041 OPERATING CORP.

a CORPORATION FOR PROFIT formed under the Florida General Corporation Act.

Article 1: Name of the Corporation: 4041 OPERATING CORP.
Address of the Corporation: 4041 COLLINS AVENUE
MIAMI BEACH, FLORIDA 33140

Article 2: DURATION: Term of existence of the corporation is perpetual.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.

Article 4: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100.
PAR VALUE $1.00 (Information about PAR VALUE is not required but may be included).

Article 5: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:
2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140
and the name of the initial registered agent at such address is MICHAEL LEFKOWITZ.

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation. Michael Lefkowitz 2-10-95.
Signature of Registered Agent Date
MICHAEL LEFKOWITZ

Article 6: The board of directors are as follows:
The name and address of the Initial Director : (All persons listed after the first are additional directors)
1. MICHAEL LEFKOWITZ 2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140

Article 7: The Name and address of the incorporator is:
MICHAEL LEFKOWITZ 2990 FLAMINGO DRIVE, MIAMI BEACH, FLORIDA 33140

In witness whereof I have subscribed my name Michael Lefkowitz
Signature of Incorporator
MICHAEL LEFKOWITZ

H95-01772

ace INDUSTRIES, INC.
54 NW 11th Street
Miami, FL 33136
305-358-2571

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 11 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012194

1. Corporation Name

4041 OPERATING CORP.

Principal Place of Business	Mailing Address
4041 COLLINS AVENUE MIAMI BEACH FL 33140	4041 COLLINS AVENUE MIAMI BEACH FL 33140

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/13/1995

5. FEI Number: 65-0778612 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LEFKOWITZ, MICHAEL	2990 FLAMINGO DRIVE	MIAMI BEACH FL 33140

700001975797--3
-10716/96--01002--006
****375.00 ****375.00

REINSTATEMENT

A. Altaw
10-11-96

8. Name and Address of Current Registered Agent

LEFKOWITZ, MICHAEL
2990 FLAMINGO DRIVE
MIAMI BEACH FL 33140

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 _____ Date

REGISTERED AGENT MUST SIGN

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: _____ 9/13/96 (305)-531-5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007797 AF