TRANSMITTAL LETTER

P95000017846

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

000001421215
-03/03/95 -01093 -014
****122.50 ****122.50

SUBJECT: HALTON & ADAMS, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for $_____.

FROM:

HALTON & ADAMS, INC.
Name (printed or typed)

8540 NW 66th STREET
Address

MIAMI, FLORIDA 33166
City, State, & Zip

305 430-7335
Telephone Number

FILED
95 MAR -3 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

HALTON & ADAMS, 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.

ARTICLE I NAME

The name of the corporation shall be:

HALTON & ADAMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

8540 NW 66th STREET
MIAMI, FLORIDA 33166

ARTICLE III SHARES

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

100 COMMON STOCK AT $1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANGEL ADAMS
11797 SW 90th TERRACE
MIAMI, FLORIDA 33186

ARTICLE V INCORPORATOR(S)

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

ANGEL ADAMS PRESIDENT

11797 SW 90th TERRACE
MIAMI, FLORIDA 33186

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

27 day of FEBRUARY, 19 95.

Angel R Adams

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state 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: HALTON & ADAMS, INC.

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

ANGEL ADAMS
(Name)

11797 SW 90th TERRACE
(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33186
(City/State/Zip)

95 MAR -3 PM 3:55 FILED

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 Angel R Adams

DATE Feb 27, 1995

REGISTERED AGENT FILING FEE: $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E013(6/92)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

$ 125. FILED
96 DEC 11 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017846

1. Corporation Name

HALTON & ADAMS, INC.

Principal Place of Business	Mailing Address
8540 NW 68TH STREET MIAMI FL 33166	8540 NW 68TH STREET MIAMI FL 33166

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

REINSTATEMENT 9L

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: 03/03/1995

5. FEI Number: 65-0563955 ☐ 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	ADAMS, ANGEL	11797 SW 90TH TERRACE	MIAMI FL 33186

800002027918--0
-12/12/96--01097--018
*****375.00--*****375.00

JB 12-11-96

8. Name and Address of Current Registered Agent

ADAMS, ANGEL
11797 SW 90TH TERRACE
MIAMI FL 33186

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: X Angel R. Adams REQUIRED — REGISTERED AGENT MUST SIGN

Date: X 10/20/96

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)(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: X Angel R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: X 10/20/96

Daytime Phone #

0044871 AF