

P95000033186

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

SEP 27 01 3 21

9/27/95

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK \_\_\_\_\_

WALK-IN  
Will Pick Up 427 300

RE: State Police Corporation

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> ( ) Cert. Copy(s)		
	4000001467294	
<input type="checkbox"/> Art. of Amend. File	-04/27/95--01064--019	
<input type="checkbox"/> Dissolution/Withdrawal	***122.50	***122.50
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		
SUBTOTALS		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

**ARTICLES OF INCORPORATION**

**OF**

**866 PONCE CORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **866 PONCE CORPORATION**.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 1260 N.W. 57th Ave., Suite 207, Miami, FL 33126.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

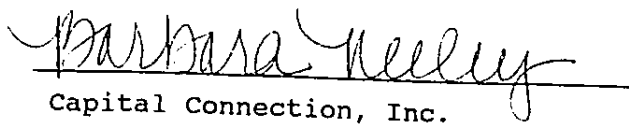
#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The number of directors constituting the initial Board of Directors of the corporation is one. The number of directors may be increased or decreased from time to time, by the by-laws adopted by the shareholders, but shall never be less than one nor more than seven. The name and address of the initial director of the corporation is L. Richard Mattaway, 1260 N.W. 57th Ave., Suite 207, Miami, FL 33126.

The undersigned has executed these Articles of Incorporation this 27th day of April, 1995.



Capital Connection, Inc.

Barbara Neeley - President  
Incorporator

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

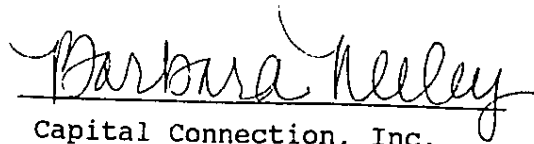
05 120 07 PM 3 21

FILED  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is **866 PONCE CORPORATION**.
2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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.



Capital Connection, Inc.

Barbara Neeley - President

Date: April 27, 1995

*Law Offices*  
*Lamont & Neiman, P.A.*

ROBERT S. LAMONT  
JAN S. NEIMAN  
CARRIE MEYERS GARAZI  
STEPHEN KOTLER  
ELLERRE BELL

PA50000 33186

Reply To: Miami Office

MIAMI OFFICE  
ONE BISCAYNE TOWER • SUITE 3550  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FLORIDA 33131  
(305) 530-9400  
FAX (305) 530-9402  
  
BOCA RATON OFFICE  
4800 NORTH FEDERAL HIGHWAY  
SUITE 307-B  
BOCA RATON, FLORIDA 33431  
(407) 391-1266  
MIAMI LINE/FAX (305) 358-5710

May 11, 1995

Secretary of State of Florida  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

100001488821  
-05/16/95--01093--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: 866 Ponce Corporation,  
a Florida corporation

Dear Sir:

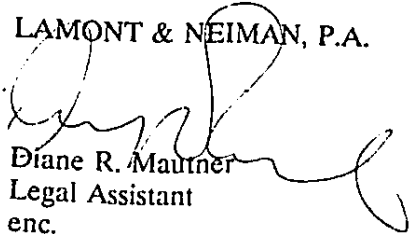
Enclosed for filing is an executed Statement of Change of Registered Office/Agent, together with our cost check of \$35.00.

Please acknowledge the filing on the copy of the Statement and return it to the undersigned in the pre-addressed stamped envelope enclosed.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

LAMONT & NEIMAN, P.A.

  
Diane R. Mautner  
Legal Assistant  
enc.

C:\drm\cbb\S-S-866P5-12-95

PA5 000033186  
RACH  
5-15-95

FILED  
MAY 15 AM 10:21  
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: 866 PONCE CORPORATION

1a. Date of Incorporation April 27, 1995 Document number P95000033186

2. The name and address of the current registered agent and office:  
Capital Connection, Inc., 417 E. Virginia St.,  
Suite 1, Tallahassee, Florida 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)  
Lamont & Neiman, P.A., One Biscayne Tower, Suite 3500  
Two South Biscayne Boulevard, Miami, Florida 33131

The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE [Signature]  
(name and title)  
L. Richard Mattawa, President

DATE 5/10/95

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]  
(Registered Agent)  
Robert S. Lamont, President  
Lamont & Neiman, P.A.

DATE 5/10/95

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

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

96 DEC 12 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000033186

1 Corporation Name

866 PONCE CORPORATION

Principal Place of Business

Mailing Address

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~

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

2. New Principal Office Address, If Applicable

1508 San Ignacio Avenue  
Suite, Apt. #, etc.  
Suite # 200

3. New Mailing Office Address, If Applicable

P. O. Box 431984  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1995

5. FEI Number

65-0580482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required  
for a Certificate of Status

City & State  
Coral Gables, FL

City & State  
Miami, FL

Zip  
33146

Country  
USA

Zip  
33243-1984

Country  
USA

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

MATTAWAY, L. RICHARD

Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)  
1508 San Ignacio Ave. #200

City / State / Zip

Coral Gables, FL. 33146

300002033269--9  
-12/19/96--01014--011  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER, SUITE 3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

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

REGISTERED AGENT MUST SIGN

Date

12/8/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-662-1421