

# 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

Private Enterprises, Inc.

95 MAY 22 AM 10:35

DIVISION OF CORPORATION

C.C. FEE. DISBURSED

NAME

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 \$

Capital Express™

Art. of Inc. File

Corp. Record Search

Art. of Amend. File

Corp. Record Search

( ) Cert. Copy(s)

Art. of Amend. File

Dissolution/Withdrawal

C U S

Fictitious Name File

Name Reservation

Annual Report/Reinstatement

Reg. Agent Service

Document Filing

Corporate Kit

Vehicle Search

Driving Record

Document Retrieval

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

File No.'s. Copies

Courier Service

Shipping/Handling

Phone ( )

Top Priority

Express Mail Prep.

FAX ( ) pgs.

SUBTOTALS

FEE

DISBURSED

SURCHARGE

TAX on corporate supplies

SUBTOTAL

PREPAID

BALANCE DUE

600001495516

05/22/95-01017-029

\*\*\*122.50- \*\*\*122.50

95 MAY 22 AM 11:02  
 TALLAHASSEE, FLORIDA

FILED

REQUEST TAKEN CONFIRMED APPROVED

DATE

TIME CK No.

BY

WALK-IN Will Pick Up 5:22

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**

**PRIVALT ENTERPRISES, 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: PRIVALT ENTERPRISES, INC.

FILED  
95 MAY 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

5960 S.W. 57th Ave.  
Miami, Florida 33143

**ARTICLE III CAPITAL STOCK**

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

Five Hundred (=500=) shares of common stock at \$1.00 par value each.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Gerhardt A. Schreiber  
890 S. Dixie Highway  
Coral Gables, Florida 33143

ARTICLE V INCORPORATOR(S)

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

Gerhardt A. Schreiber  
890 S. Dixie Highway  
Coral Gables, Florida 33143

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

\_\_\_\_ 19th \_\_\_\_ day of \_\_\_\_ May \_\_\_\_ 19 95 \_\_\_\_

Gerhardt A. Schreiber  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: PRIVALT ENTERPRISES, INC.

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

Gerhardt A. Schreiber  
(NAME)

890 S. Dixie Highway  
(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Florida 33146  
(CITY/STATE/ZIP)

SIGNATURE GA Schreiber  
(corporate officer)

TITLE Incorporator

DATE May 19, 1995

FILED  
95 MAY 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 GA Schreiber

DATE May 19, 1995

REGISTERED AGENT FILING FEE: \$35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -2 PM 3:40

DOCUMENT # P95000040130

1 Corporation Name

PRIVALT ENTERPRISES, INC.

Principal Place of Business

5960 SW 57TH AVE  
MIAMI FL 33143

Mailing Address

5960 SW 57TH AVE  
MIAMI FL 33143

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

05/22/1995

5 FEI Number

☒ 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/D	JULIO E. ALVAREZ	3211 ALAHAMBRA CIR	CORAL GABLES, FL 33134
S/D	DAVID A. WOLFEERG	13500 S.W. 66TH AVE.	MIAMI, FL 33156

REINSTATEMENT 96

OR 10-15

8. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A  
890 S DIXIE HIGHWAY  
CORAL GABLES FL 33143

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

*Gerhardt A. Schreiber*

REGISTERED AGENT MUST SIGN

Date 9-26-96

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:

*Gerhardt A. Schreiber*

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-96

305-666-5474