

P95000047232

SEC. OF STATE

DIVISION OF CORPORATIONS

409 E. GAINES ST.

TALLAHASSEE, FL. 32399

600001513006

-06/14/95--01055--019

****122.50 ****122.50

JUNE 1, 1995

ENCLOSED PLEASE FIND OUR
ARTICLES OF INCORPORATION, A CHECK FOR
\$122.50, AND A SELF-ADDRESSED, STAMPED
ENVELOPE. PLEASE RETURN A CERTIFIED
COPY OF THE ARTICLES AS SOON AS
POSSIBLE.

JUN 19 1995 BSB

THANK YOU,

DANIEL A. DOUGHERTY

FILED
95 JUN 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
AVENTURA PAYPHONE INC.**

FILED
95 JUN 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of this corporation shall be AVENTURA PAYPHONE INC.

**ARTICLE II
DURATION**

This corporation shall commence its existence upon the filing of these Articles.

**ARTICLE III
PURPOSE**

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV
CAPITAL STOCK**

This corporation is authorized to issue one hundred (100) shares of one dollar (\$1.00) par value common stock, which shall be designated "Common Shares".

**ARTICLE V
PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

**ARTICLE VI
PRINCIPAL OFFICE OF BUSINESS**

The principal place of business of this corporation is: 2181 NE 183rd Street, North Miami Beach, FL 33179.

**ARTICLE VII
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 2181 NE 183rd Street, North Miami Beach, FL 33179 and the name of the initial registered agent is Daniel A. Dougherty.

ARTICLE VIII
INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time in accordance with the By-Laws but shall never be less than one. The name of the Director is: Daniel A. Dougherty.

The mailing address of the Director is: 2181 NE 183rd Street, North Miami Beach, FL 33179.

ARTICLE IX
INCORPORATOR

The name and address of the person signing these Articles as Incorporator is Daniel A. Dougherty.

ARTICLE X
BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XI
AMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 15th day of May, 1995.



Daniel A. Dougherty,
Vice President and Director

ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT OF THE CORPORATION NAMED ABOVE, THE UNDERSIGNED DOES HEREBY ACCEPT SUCH APPOINTMENT AND DOES HEREBY AGREE TO DO ALL THINGS NECESSARY IN ORDER TO CARRY OUT ANY AND ALL DUTIES REQUIRED OF SUCH POSITION.

DATED THIS 15th DAY OF MAY, 1995.

BY:


DANIEL A. DOUGHERTY

FILED
95 JUN 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SEP 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000047232**

1. Corporation Name

AVENTURA PAYPHONE INC.

Principal Place of Business

Mailing Address

2101 NE 103RD ST
NORTH MIAMI BEACH FL 33179
19551 NE 37 AVE
AVENTURA, FL 33180

2101 NE 103RD ST 19551 NE 37 AVE
NORTH MIAMI BEACH FL 33179
AVENTURA, FL
33180



REINSTATEMENT 96-000

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0599034	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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/V	DOUGHERTY, DANIEL A	2101 NE 103RD ST SUITE 443 20533 BISCAYNE BLVD.	NORTH MIAMI BEACH FL 33179 AVENTURA, FL 33180
SEC, TRANS.	SOFFER, MARSHA	19551 NE 37 AVE	AVENTURA, FL 33180
			600001968736 -10/09/96--0100--025 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOUGHERTY, DANIEL A 2101 NE 103RD ST NORTH MIAMI BEACH FL 33179		Name MARSHA SOFFER	
		Street Address (P.O. Box Number is Not Acceptable) 19551 NE 37 AVE	
		Suite, Apt. #, Etc.	
		City AVENTURA	State FL
		Zip Code 33180	

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

Marsha Soffer
REGISTERED AGENT MUST SIGN

Date 9-17-96

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:

Marsha Soffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96
Date

305-933-5506
Daytime Phone #