



1244 Main Street
Tallahassee, FL 32309
800-142-8080
PP500047671

ACCOUNT NO. : 072100000032

REFERENCE : 622161 869010

AUTHORIZATION :

Patricia Pytk

COST LIMIT : \$ 70.00

ORDER DATE : June 19, 1995

ORDER TIME : 9:53 AM

ORDER NO. : 622161

200001516552

CUSTOMER NO: 869010

CUSTOMER: Ms. Jennifer Connors - 869010
PRENTICE HALL LEGAL &
FINANCIAL SERVICES, INC.
1 Biscayne Tower
2 South Biscayne Blvd. #1810
Miami, FL 33131

DOMESTIC FILING

NAME: CHRIS-EL-MAR, INC.

XXX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

T. BROWN JUN 19 1995

FILED
95 JUN 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CHRIS-EL-MAR, INC.

FILED
95 JUN 19 PM 4:37
TALLAHASSEE, FLORIDA

The undersigned, being an individual, does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit, pursuant to the provisions of the Florida Business Corporation Act.

FIRST: The corporate name for the corporation (hereinafter called the "corporation") is CHRIS-EL-MAR, Inc.

SECOND: The address, wherever located, of the principal office of the corporation, if known, is 5750 Collins Avenue, Suite 10B, Miami Beach, Florida 33140.

THIRD: The mailing address, wherever located, of the corporation is 5750 Collins Avenue, Suite 10B, Miami Beach, Florida 33140.

FOURTH: The number of shares that the corporation is authorized to issue is 1000, all of which are without par value and are of the same class and are to be Common shares.

FIFTH: The street address of the initial registered office of the corporation in the State of Florida is Robert E. Mann, Esq., c/o National Recovery Institutes Group, 500 West Cypress Creek Road, Fort Lauderdale, Florida 33309.

The name of the initial registered agent of the corporation at the said registered office is Robert E. Mann, Esq.

The written acceptance of the said initial registered agent, as required by the provisions of Section 607.0501(3) of the Florida Business Corporation Act, is set forth following the signature of the incorporator and is made a part of these Articles of Incorporation.

SIXTH: The name and the address of the incorporator are:

NAME

ADDRESS

Gail L. Shelby

1201 Hays Street, Suite 105
Tallahassee, FL 32301-2636

SEVENTH: The purposes for which the corporation is organized is to engage in any lawful business for which corporations may be organized under the Florida Business Corporation Act.

EIGHTH: The duration of the corporation shall be perpetual.

NINTH: The corporation shall, to the fullest extent permitted by the provisions of the Florida Business Corporation Act, as the same may be amended and supplemented, indemnify any and all persons whom it shall have power to indemnify under said provisions from and against any and all of the expenses, liabilities, or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, vote of shareholders or disinterested directors, or otherwise, both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of the heirs, executors, and administrators of such a person.

TENTH: Whenever the corporation shall be engaged in the business of exploiting natural resources or other wasting assets, distributions may be paid in cash out of depletion or similar reserves at the discretion of the Board of Directors and in conformity with the provisions of the Florida Business Corporation Act.

Signed on June 16, 1995.


Gail L. Shelby, Incorporator

06/16/95

17:10

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95 JUN 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in these Articles of Incorporation, 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.

By:


ROBERT F. MANN

Date:

6/16/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 11 PM 4:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000047671 (9)

CHRIS EL-MAR, INC

REINSTATEMENT 9600

Existing Address: 5555 Collins Avenue
Suite 16A
Miami Beach, FL 33140

Mailing Address: 5555 Collins Avenue
Suite 16A
Miami Beach, FL 33140

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

2. New Mailing Address, If Applicable: 1. New Mailing Address, If Applicable

State, Apt. #, etc. State, Apt. #, etc.

City & State. City & State.

Zip. Zip.

* Name and Street Address of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

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

P, S, A Christina Popescu 5555 Collins Avenue Suite 16A Miami Beach, FL 33140

500002028015--7
-12/12/96-01108-009
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

Robert E. Mann, ESQ
90 National Recovery Institute Group
500 W. CYPRESS CREEK RD
SUITE 740
FT LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
State, Apt. #, Etc.
City
State FL Zip Code

I, the undersigned, being duly qualified, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I represent the filing is not exempt from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when filing this reinstatement application, the corporation has been incorporated the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees are paid by the corporation or its agent.

[Signature]
REGISTERED AGENT MUST SIGN

Date

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, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I represent the filing is not exempt from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when filing this reinstatement application, the corporation has been incorporated the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees are paid by the corporation or its agent.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT, REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2690 (12/95)