P95000062158

8/11/95 FLORIDA DIVISION OF CORPORATIONS PM
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: ACE INDUSTRIES, INC.
54 NW 11TH ST
MIAMI FL 33136-289033401-
CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7032

(((H95000008898))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ZIV, BROTHERS, INC.
FAX AUDIT NUMBER: H95000008898
DATE REQUESTED: 08/11/1995
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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95 AUG 11 PM 3:17

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 14, 1995

ACE INDUSTRIES, INC.

MIAMI, FL

SUBJECT: ZIV BROTHERS, INC.
REF: W95000016256

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Loria Poole
Corporate Specialist

FAX Aud. #: H95000008896
Letter Number: 695A00037658

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

H95-08898

ARTICLES OF INCORPORATION

of ZIV, BROTHERS, INC.
a CORPORATION FOR PROFIT formed under the Florida General Corporation Act.

Article 1: Name of the Corporation: ZIV, BROTHERS, INC.
Address of the Corporation: 9955 N.W. 116th WAY #10
MIAMI, FLORIDA 33178

Article 2: DURATION: Term of existence of the corporation is perpetual.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.

Article 4: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100.
PAR VALUE $1.00 (Information about PAR VALUE is not required but may be included).

Article 5: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:
9955 N.W. 116th WAY #10 MIAMI, FLORIDA 33178,
and the name of the initial registered agent at such address is JAY ZIV.

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation _____, _____.
Signature of Registered Agent — Date

Article 6: The board of directors are as follows:
The name and address of the Initial Director: (All persons listed after the first are additional directors)
1. JAY ZIV 9955 N.W. 116th WAY #10 MIAMI, FLORIDA 33178

Article 7: The Name and address of the incorporator is:
JAY ZIV 9955 N.W. 116th WAY #10 MIAMI, FLORIDA 33178

In witness whereof I have subscribed my name _____
Signature of Incorporator
JAY ZIV

H95-08898
ace INDUSTRIES, INC.
54 NW 11th Street
Miami, FL 33136
305-358-2571

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062758

1. Corporation Name

ZIV, BROTHERS, INC.

Principal Place of Business	Mailing Address
9955 N.W. 116TH WAY #10 MIAMI FL 33178	9955 N.W. 116TH WAY #10 MIAMI FL 33178

REINSTATEMENT 96

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: 06/11/1995

5. FEI Number: 65-0669622 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 [illegible]

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
D	ZIV, JAY	9955 N.W. 116TH WAY #10	MIAMI FL 33178

600002022276--0
-12/06/96--01067--007
****375.00 ****375.00

JB 12-5-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZIV, JAY 9955 N.W. 116TH WAY #10 MIAMI FL 33178	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 _____ Date 11/29/96

REGISTERED AGENT MUST SIGN

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: _____ 11/29/96 305-888-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP