P95000056 93

8/23/95 FLORIDA DIVISION OF CORPORATIONS 15:59 PM
PUBLIC ACCESS SYSTEM
(((H95000009345))) ELECTRONIC FILING COVER SHEET

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.
64 NW 11TH ST
MIAMI FL 33136-2890
CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7832

(((H95000009345))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: SOMERSRT PROGRAMS, INC.
FAX AUDIT NUMBER: H95000009345
DATE REQUESTED: 08/23/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 2
ESTIMATED CHARGE: $122.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:59:64
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 070744001530

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000009345)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Menu: <Ctrl R-Shift> 2400 7E1 VT100 Online

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 24, 1995

ACE INDUSTRIES, INC.

MIAMI, FL

SUBJECT: SOMERSET PROGRAMS, INC.
REF: W95000017082

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

The document is illegible and not acceptable for microfilming.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Lorie Poole
Corporate Specialist

FAX Aud. #: H95000009345
Letter Number: 295A00039558

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

H95-09345

ARTICLES OF INCORPORATION OF *SOMERSET PROGRAMS, INC.*

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of Incorporation:

ARTICLE I: The name of the Corporation is SOMERSET PROGRAMS, INC.

ARTICLE II: The existence of the Corporation shall commence with the filing of these Articles. The duration of the Corporation is perpetual.

ARTICLE III: The Corporation may engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV: The total number of shares of capital stock authorized to be issued by the Corporation will be one hundred (100) shares having a par value of one dollar ($1.00) per share. Each of the said shares of stock will entitle the holder thereof to one (1) vote at any meeting of the stockholders.

ARTICLE V: The initial registered agent and office of the Corporation will be Bradford A. Thomas, c/o Kimbrell, Hamann, 799 Brickel Plaza, Suite 900, Miami, Fl 33131. The initial street address of the principal office of the Corporation will be, 799 Brickel Plaza, Suite 900. Miami, Fl 33131. The Board of Directors may, from time to time, move the principal office to any other address.

ARTICLE VI: The Corporation will have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws. The name and address of each person(s) who is to serve as a member of the initial board of Directors is: Ronnie Zimmerman, 203 Lynn-Danne Court, Somerset, Kentucky 42501.

ARTICLE VII: The Incorporators and shares subscribed to are: Ronnie Zimmerman 100 SHARES

ARTICLE VIII: This Corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator(s) and subscriber(s) have executed these articles of incorporation on this August 3, 1995

Ronnie Zimmerman, Incorporator

STATE OF FLORIDA
COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Ronnie Zimmerman, known to me and known to be the person(s) who executed the foregoing Articles of Incorporation.

August _____, 1995

Notary Public - State of Florida At Large

My commission expires:

H95-09345
ACE INDUSTRIES, INC.
54 NW 11th Street
Miami, FL 33128
305-358-2574

H95-09345

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: *SOMERSET PROGRAMS, INC.*

2. The name and address of the registered agent Bradford A. Thomas, c/o Kimbrell, Hamann, PA, 799 Brickel Plaza, Suite 900, Miami, Fl 33131.

X
Ronnie Zimmerman, Director/Officer

DATE: August 23, 1995

Having been named as Registered Agent to accept service of process for the above named 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 _____
Bradford A. Thomas

Date: August 23, 1995

STATE OF FLORIDA
COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Bradford A. Thomas known to me and known to be the person(s) who executed the foregoing.

August _____, 1995

_____
Notary Public - State of Florida At Large

My commission expires:

H95-09345

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

1996 OCT 28 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065693

SOMERSET PROGRAMS, INC.

Principal Place of Business	Mailing Address
799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131

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

2. New Principal Office Address, If Applicable
160 NW 176 ST, ~~Suite 305~~
Suite, Apt. #, etc. 305
City & State: MIAMI, FL
Zip: 33169 Country:

3. New Mailing Office Address, If Applicable
P.O. Box 303326
City & State: MIAMI, FL
Zip: 33233 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/1995

5. FEI Number: 65 060 2481 ☐ Applied For ☐ No. 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
~~D~~	~~ZIMMERMAN, RONNIE~~	~~203 LYNN-DANNE COURT~~	~~SOMERSET KY 42501~~
D	NANCY A. USZKO	3021 EMATHLA ST.	MIAMI, FL 33133

300001997533--0
-11/06/96--01036--023
****375.00 ****375.00

REINSTATEMENT alf 10/11/96

8. Name and Address of Current Registered Agent

THOMAS, BRADFORD A
% KIMBRELL, HAMANN
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: RON CHAFFIN
Street Address (P.O. Box Number is Not Acceptable): 160 NW 176 ST
Suite, Apt. #, Etc.: 305
City: MIAMI State: FL Zip Code: 33169

CR2E046 (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: W.R. Chaffin
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.)

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: Nancy A. Uszko 10/24/96 305-854-9105