

P96000100779

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

NAME _____
FIRM _____
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 \$ _____

EFFECTIVE DATE
12-12-96



REQUEST TAKEN CONFIRMED APPROVED
DATE 12/13/96
TIME 10:30
BY CTS

WALK-IN
Will Pick Up _____

RE: TRAUM House, Inc

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (1) Cert. Copy(s)		
<input checked="" type="checkbox"/> Photo		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File		
100002028601--8		
Name Reservation	-12/13/96--01009--040	
Annual Report/Reinstatement	*****70.00	*****70.00
Reg. Agent Service		
Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ()	pgs.	

SUBTOTALS

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

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

EFFECTIVE DATE
12-12-96

ARTICLES OF INCORPORATION
OF
TRAUM HOUSE, INC.

FILED
96 DEC 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation is TRAUM HOUSE, INC.

ARTICLE II

The maximum number of shares of stock which the corporation is authorized to issue and have outstanding at any one time is 5,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE III

The existence of the corporation shall be perpetual. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

ARTICLE IV

The street address of the initial registered office of the corporation is 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 and the initial registered agent of the corporation at that address is Sydney S. Traum.

ARTICLE V

The mailing address of the corporation is located at 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134.

ARTICLE VI

The name and street address of the members of the first Board of Directors of the corporation who shall hold office for the first year of the corporation's existence or until a successor is elected and has qualified is:

<u>Name</u>	<u>Address</u>
Ida K. Traum	c/o Miami Jewish Home and Hospital 5200 N.E. 2nd Avenue Miami, Florida 33137
Robert Traum	413 Freeman Avenue Oceanside, New York 11572
Sydney S. Traum	55 South Prospect Drive Coral Gables, Florida 33133

The number of Directors may be increased or diminished, from time to time, by Bylaws adopted by the Stockholders, but shall never be less than one.

ARTICLE VII

The name and street address of each incorporator signing these articles is:

<u>Name</u>	<u>Address</u>
Sydney S. Traum	201 Alhambra Circle, Suite 1200 Coral Gables, Florida 33134

ARTICLE VIII

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

EXECUTED at Miami, Florida, this 12 day of December, 1996.

Sydney S. Traum
Sydney S. Traum, Incorporator

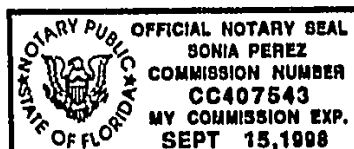
STATE OF FLORIDA)
):ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 12 day of December, 1996 by Sydney S. Traum, ☒ who is personally known to me or ☐ who has produced _____ as identification.

Sonia Perez
Notary Public, STATE OF FLORIDA

Print Name: Sonia Perez

My Commission Expires:



**CERTIFICATE DESIGNATING RESIDENT AGENT
AND REGISTERED OFFICE**

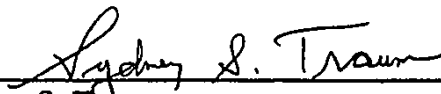
In accordance with Chapter 48.091, Florida Statutes, the following designation and acceptance is submitted in compliance thereof.

DESIGNATION

TRAUM HOUSE, INC., desiring to organize under the laws of the State of Florida, hereby designates Sydney S. Traum its registered agent and 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 as its registered office.

ACCEPTANCE

Having been named as registered agent for the above named corporation, I hereby agree to act in such capacity for such corporation at its registered office.



Sydney S. Traum
(Registered Agent)

FILED
96 DEC 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA