

NO 20000004996

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : GOLD & RESNICK, P.A.
Account Number : I20010000018
Phone : (813) 254-2071
Fax Number : (813) 251-0616

FLORIDA NON-PROFIT CORPORATION

Patient Alliance for Neuroendocrineimmunologic Disorders

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

- OF -

**PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE
DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.**

A FLORIDA NONPROFIT CORPORATION

ARTICLE I

Name

The name of the Corporation is **PATIENT ALLIANCE FOR
NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND
ADVOCACY, INC.**

ARTICLE II

Principal Office and Address

The address of the principal office of the Corporation is c/o George Vina, CPA, Vina & Company, 255 Alhambra Circle, Suite 715, Coral Gables, Florida 33134, and the mailing address of this Corporation is c/o George Vina, CPA, d/b/a Vina & Company, 255 Alhambra Circle, Suite 715, Coral Gables, Florida 33134.

ARTICLE III

Duration

The term of existence of the Corporation is perpetual; and the corporate existence will commence on the filing of these Articles of Incorporation by the Florida Department of State.

ARTICLE IV

Purpose

The purposes for which the Corporation is organized are as follows:

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To be a voice for the many diagnosed with Neuroendocrineimmune Disorders, such as, but not limited to Chronic Fatigue Syndrome (CFS), Fibromyalgia Syndrome, Gulf War Syndrome (GWS), Multiple Chemical Sensitivities (MCS) in pertinent issues of advocacy and research. To provide financial assistance to patients who are either self referred or referred by the many organizations within the Neuroendocrineimmune patient community. To promote and encourage the creation of empowerment groups (support groups) throughout our community at large for emotional support and empowerment. To establish partnerships with several other organizations, be they private or governmental, in order to raise awareness to the issues of disability benefits, right to access to medical care, right to work and other pertinent issues affecting the daily survival of patients dealing with a disabling chronic condition and to carry out the above objectives in accordance with Florida law regarding nonprofit corporations.

ARTICLE V

Directors

The method of election of the Directors of the Corporation is set forth in the Bylaws.

ARTICLE VI

Registered Office and Agent

The initial street address in Florida of the initial registered office of the corporation is 704 West Bay Street, Tampa, Florida 33606, and the name of the initial Registered Agent at said address is Aaron J. Gold.

ARTICLE VII

Incorporator

The name and residence address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
Marly C. McKibben	3402 Beacon Street Pompano Beach, Florida 33062

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IN WITNESS WHEREOF, I have subscribed my name this 26 day of June, 2002.

Marly C. McKibben
Marly C. McKibben, Incorporator

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Marly C. McKibben, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation, and she acknowledged to and before me that she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal this 26 day of June, 2002.

[Signature]
NOTARY PUBLIC

My Commission Expires:



Bruce Bernstein
Commission # DD 072239
Expires Dec. 21, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

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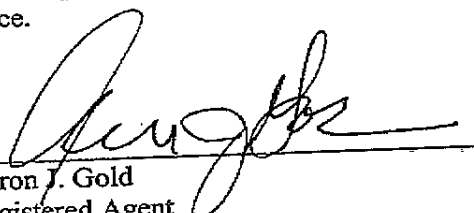
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That **PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.**, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the City of Coral Gables, County of Dade, and State of Florida, has named **Aaron J. Gold**, located at 704 West Bay Street, Tampa, FL 33606, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.



Aaron J. Gold
Registered Agent

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