

P03000057960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

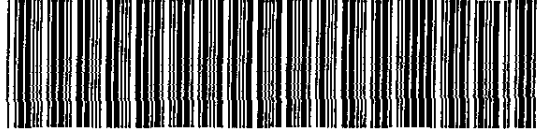
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700018966807

05/19/03--01096--003 **78.75

FILED
03 MAY 19 AM 10:51
STATE
TALLAHASSEE, FLORIDA

OR 568

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Arts & Sports Foundation for Health Education, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: ARTS & SPORTS FOUNDATION FOR HEALTH EDUCATION, INC
Name (printed or typed)

7921 NE 2nd Ave
Address

MIAMI FL 33138
City, State & Zip

(954) 873-9955
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

FILED
03 MAY 19 AM 10:51
SEC. OF
TALLAHASSEE, FLORIDA

ARTS & SPORTS FOUNDATION FOR HEALTH EDUCATION, INC.

The undersigned subscriber(s) to these Articles of Incorporation, competent to contract, hereby form(s) a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of the corporation shall be: *Arts & Sports Foundation for Health Education, INC.*

The principal place of business of this corporation shall be:

*7921 NE 2nd Ave Miami FL 33138
Phone (305) 751 44 88 or (954) 873 9955*

ARTICLE II: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United states, the State of Florida, or any other state, county, territory or nation.

To promote arts & sports in the Haitian community

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time of 1,000 shares of common stock having a par value of \$100 per share.

500 Shares

ARTICLE IV: REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be:

*7921 NE 2nd Ave MIAMI FL 33138
Phone (305) 751 44 88 or (954) 873 9955*

and the name of the initial registered agent of the corporation at that address is:

OSNI EUGENE

ARTICLE V: TERM OF EXISTENCE

This corporation is to exist perpetually.

perpetually

ARTICLE VI: OFFICERS AND DIRECTORS

This corporation shall have officers and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

Dr OSNI EUGENE
Dr Hermance ROBIN
Mrs Marie M. DOLE
Dr Marc Antoine JOSEPH

ARTICLE VII: SUBSCRIBER(S)

The name(s) and street address(es) of the subscriber(s) to these Articles of Incorporation are:

- 1) Dr OSNI EUGENE *OSNI*
85 20 SHERATON DR MIRAMAR FL 33025
- 2) Dr ~~Hermance~~ Hermance ROBIN *Hermance Robin*
320 NW 185 Ter
Miami, FL 33169.
- 3) Dr Marc Antoine JOSEPH *Marc Antoine Joseph*
12429 West Dixie Hwy.
Miami, FL 33168.
- 4) Mrs Marlene Marie DOLE *Marlene*

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this _____, 2002.



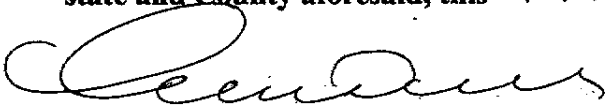
Incorporator(s)

STATE OF FLORIDA
COUNTY OF _____

Before me, a notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and County aforesaid, this 15th Day of MAY, 2002.



Notary Public

My Commission expires:



Emmanuel Dubois
My Commission DD146564
Expires September 26, 2006

(SEAL)

I hereby accept designation of Registered Agent.



Registered Agent

FILED
03 MAY 19 AM 10:51
STATE
SECRETARY - DEPT. OF REVENUE
TALLAHASSEE, FLORIDA