796000000013177

TO: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: NATIONAL AIDS BRI	GADE NC.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A Florida", "Certificate of Existence", and check are subm foreign corporation to transact business in Florida.	Authorization to Transact Business in itted to register the above referenced
Please return all correspondence concerning this matter	to the following:
RUL A Say To (Name of Person) NATIONAL AIDS (Firm/Company) 1205 - B Teuran Av (Address)	-05/08/9601023019 *****70.00 *****70.00 SRIGADE NC
Key West, F. 33	96 JUN 24
Should you need to call someone concerning this matter,	_ 84_
PAUL Smy TH (Name of Person)	at (305) 292-0254 Em

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 23, 1996

PAUL SMYTH NATIONAL AIDS BRIGADE, INC. 1205-B TRUMAN AVENUE KEY WEST, FL 33040

SUBJECT: NATIONAL AIDS BRIGADE, INC.

Ref. Number: W96000008714

We have received your document for NATIONAL AIDS BRIGADE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1,200.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a swom* affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 996A00019052

* notaryed

NATIONAL AIDS BRIGADE, INC. 1205-B TRUMAN AVENUE KEY WEST, FL 33040 (305)292-0204

April 30, 1996

STATE OF FLORIDA DIVISION OF CORPORATIONS

Dear Sir or Madam:

The enclosed "Transmittal Letter" was inadvertently left out of an envelope mailed to your office on Monday, April 29th, along with a check for \$70.00 and a copy of the cover letter sent by Lee Rivers.

This is all in reference to your letter #996A00019052, sent on April 23rd. Your reference #W96000008714. Our certified mail receipt number is P 116 975 768, mailed from Key West, Flagler Station.

Please see that this letter is directed to the correct office/examiner. My apologies for any inconvenience.

Sincerely,

Ann Winters



Secretary of State

May 7, 1996

PAUL SMYTH NATIONAL AIDS BRIGADE, INC. 1205-B TRUMAN AVENUE KEY WEST, FL 33040

SUBJECT: NATIONAL AIDS BRIGADE, INC.

Ref. Number: W96000008714

We have received your document for NATIONAL AIDS BRIGADE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Although you submitted your check, you did not address the issue raised in the second and third paragraphs of our previous letter, a copy of which is attached. You must either submit the \$1,200 in annual report and penalty fees, or submit a notarized affidavit stating that the corporation has not transacted business prior to authorization. Please refer to the attached letter. We are sending another copy of the relevant statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Letter Number: 896A00022278

Lee Rivers Document Examiner



June 18, 1996

Mr. Lee Rivers, Document Examiner Division of Corporations Tallahassee, Florida.

Dear Mr. Rivers:

Thank you for clarifying the National AIDS Brigade's (NAB) application, in our recent telephone conversation, to conduct business as an out of state, not-for-profit charity organization. All of NABS operations to this date have in fact involved preparation, structuring and planning for community based AIDS prevention and education in Key West and Monroe County.

In reviewing our activities to date, we determined that we have not conducted business prior to authorization from the State of Florida. I look forward to receiving the Division of Corporation's authorization to conduct business after your receipt of this notarized letter.

Thank you for your patience and consideration of this matter.

Paul Smyth, Director

Singere

National AIDS Brigade, Key West

National AIDS Brigade, 1205-B Truman Avenue, Key West, Fla., 33040-6420 tel: 305.292.0204

A 501(C3) Not-For-Profit organization

EXPINES: July 25, 1999 Ided Thru Notary Public Under

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Name of corporation: must include the Word 'INCORPORATED' or "CORPORATION" or words or al tions of like import in language as will clearly indicate that it is a corporation instead of a natural per partnership if not so contained in the name at present. "Company" or "Co."7 may not be used as a continuous partnership if not so contained in the name at present. "Company" or "Co."7 may not be used as a continuous partnership if not so contained in the name at present. "Company" or "Co."7 may not be used as a continuous partnership if not so contained in the name at present. "Company" or "Co."7 may not be used as a continuous partnership if not so contained in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present. "Company" or "Co."7 may not be used as a continuous partnership in the name at present.	rson or
2. Massachusetts (State or country under the law of which it is incorporated) 4. Tankery 23, 1990 5. Perpetual	
(Date of Incorporation) (Duration: Year cdrp. will cease to exist or "perion of the conformation first conducted affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	Secondary DIVI
7. 1205-BTMMAN AVENUE, Key WEST, MONIAG 35040 (Current mailing address)	ECRETARY OF SION OF CORP
8. AIDS CONCATION and prevention (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.	STA STA
9. Name and street address of Florida registered agent: Paul Smyth (Name) [205-B Truman Avenue] (Office address)	
(City), Florida, 3040.	<u>)</u> ide)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above corporation at the place designated in this application, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the proof all statutes relative to the proper and complete performance of my duties, and I am with and accept the obligations of my position as registered agent. (Registered agent's signature)	ment as ovisions

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

.11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.		
12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable)		
Chairman: Jon Stuen-Parker Address: 358 K Street, Boston, MA 02127		
Vice Chairman:		
Address:		
Director: Joseph Mc Grath Address: 15 M Street, Boston, MA 02127		
Address: Jemifer Mc Donald Address: 51 Massachusetts Avenue, Boston MA 02115		
B.OFFICERS (Street address only- P. O. Box NOT acceptable)		
President: Jon Stren-Parker		
Address: 358 K. Street, Boston, MA 02127		
Vice President:		
Secretary: Jennifer Mc Donald Boston Address: 51 Massachusetts Avenue, MA 02115		
Treasurer: Joseph M. Grath		
Address: 15 M Stillet, Boston, MA 02/27		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
(Typed or printed name and capacity of person signing application)		



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02188

February 9, 1996

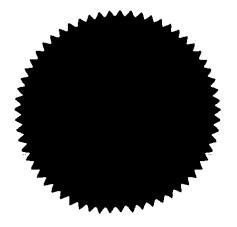
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

National Aids Brigade, Inc.

is a corporation organized on January 23, 1990 Chapter 180.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180, Section 26 A, for revocation of the charter of said corporation the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Villian Tranin Galein

Secretary of the Commonwealth

DEG

 This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.