

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 222-8370 • 1-800-342-8062 • Fax (850) 222-1222

NO0000003425

Immu Med, Inc.

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*****70.00 *****70.00

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File Photo

____ LTD Partnership File

____ Foreign Corp. File

____ L.C. File

____ Fictitious Name File

____ Trade/Service Mark

____ Merger File

____ Art. of Amend. File

____ RA Resignation

____ Dissolution / Withdrawal

____ Annual Report / Reinstatement

____ Cert. Copy

☒ Photo Copy

____ Certificate of Good Standing

____ Certificate of Status

____ Certificate of Fictitious Name

____ Corp Record Search

____ Officer Search

____ Fictitious Search

____ Fictitious Owner Search

____ Vehicle Search

____ Driving Record

____ UCC 1 or 3 File

____ UCC 11 Search

____ UCC 11 Retrieval

____ Courier

FILED
00 MAY 25 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 MAY 25 AM 10:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T SMITH MAY 25 2000

**ARTICLES OF INCORPORATION
FOR
IMMU MED, INC.**

in compliance with Chapter 617, F.S. (not-for-profit)

**ARTICLE 1
NAME**

The name of the corporation shall be: **IMMU MED, INC.**

**ARTICLE 2
PRINCIPAL PLACE OF BUSINESS**

The principal place of business and mailing address of this corporation shall be **3050 Biscayne Boulevard, Suite 502, Miami, Florida 33137.**

**ARTICLE III
PURPOSE**

The purpose for which the corporation is organized is to provide medical care to people afflicted by HIV and AIDS in Southern Miami-Dade County.

**ARTICLE IV
MANNER OF ELECTION**

The directors of the Company shall be elected by the members of the board.

**ARTICLE V
INITIAL DIRECTORS**

The names and street addresses of the directors is as follows:

**Alan Dorne
3050 Biscayne Blvd.
Suite 502
Miami, FL 33137**

**Vilma D. Quintana
3050 Biscayne Blvd.
Suite 502
Miami, FL 33137**

**Joseph Matthews
3050 Biscayne Blvd.
Suite 502
Miami, FL 33137**

**ARTICLE VI
REGISTERED AGENT**

The name and Florida street address of the registered agent is **The Law Offices of Craig M. Dorne, P.A., 3050 Biscayne Boulevard, Suite 502, Miami, Florida 33137.**

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ARTICLE VII
INCORPORATOR

The name and address of the Incorporator is **The Law Offices of Craig M. Dorne, P.A., 3050 Biscayne Boulevard, Suite 502, Miami, Florida 33137.**


Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of the Registered Agent

5/24/00

Date



Signature of the Incorporator

5/24/00

Date

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