

NO1000002791

TRANSMITTAL LETTER

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

700003782057--1
-02/27/01--01035--011
*****87.50 *****87.50

SUBJECT: American Handicapped Lifestyles Therapeutic Aid (A.H.L.T.A.) Corp.
(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Amado Bravo
Name (Printed or typed)
21025 SW 232 Street Miami, FL 33170
Address
Miami, FL 33170
City, State & Zip
(305) 242-8204
Daytime Telephone number

01 APR 19 PM 1:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4/19/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 15, 2001

AMADO BRAVO
21025 SW 232 ST
MIAMI, FL 33170

SUBJECT: AMERICAN HANDICAPPED LIFESTYLES THERAPEUTIC AID
(A.H.L.T.A.) CORP.
Ref. Number: W01000005965

We have received your document for AMERICAN HANDICAPPED LIFESTYLES THERAPEUTIC AID, (A.H.L.T.A.) CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 301A00015991

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

American Handicapped Lifestyles Therapeutic Aid Corp.

FILED

01 APR 19 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

21025 SW 232 Street Miami, FL 33170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to help handicapped individuals reach physical independence and to empower them to develop personally by providing the necessary equipment (i.e. wheelchairs, canes, eye-glasses, walkers, equipment for the blind) The organization will provide services which include repair and refurbishing. Aid will be provided to individuals ineligible for other resources (i.e. medicaid, insurance).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The original idea was developed by Amado Bravo and Alberto Tornes. Other individuals became interested and joined the group. An official meeting was held on January 7, 2001 during which the idea was developed and the present officers were elected. Directors were appointed by founders

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

President: Mr. Amado Bravo 21025 SW 232 Street Miami, FL 33170
Vice President: Mr. Edgar Pena 170 NE 23 Street # 2 Miami, FL 33137
Controller: Mr. Alberto Tornes 1688 West Ave. #503 Miami Beach, FL 33139
Treasurer: Mr. Lazaro Carnero 21025 SW 232 Street Miami, FL 33170
Secretary: Ms. Lucero Leon 1688 West Ave. #503 Miami Beach, FL 33139

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Mr. Amado Bravo 21025 SW 232 Street Miami, FL 33170

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mr. Amado Bravo 21025 SW 232 Street Miami, FL 33170

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/Registered Agent

02/23/01
Date



Signature/Incorporator

02/23/01
Date