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| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Optificat Option | | | |
| Certified Copies Certificates of Status | | | |
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| Special instructions to Filing Officer: | | | |
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COVER LETTER

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

| osifice A | Wifudes (| 20-00 6 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|
| | | DE SUFFIX) | | |
| \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | | |
| FROM: Elizabeth JD Bryan Name (Printed or typed) 5407 Spring Brook Rd. Address City, State & Zip Daytima Felephone number Lizzuin 7/550001.0 mm | | | | |
| -mail address: (to be used for | future annual report notification | on) | | |
| | Status Tax., City, Ond one (1) copy of the Art \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certificate of Status S78.75 | | |

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

ARTICLES OF INCORPORATION

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

| ARTICLE I NAME | \sim |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The name of the corporation shall be: | an (DrP. |
| The name of the corporation shall be: Positive Affifudes Co- | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different is: | - (/ 77 |
| The principal street address and mailing address, if different is: 5407 Spoing Brook Rd., 6 | Tax., M. 32211 |
| APTICLE III DIIDDOSE | |
| The purpose for which the corporation is organized is: | Il acco made |
| The purpose for which the corporation is organized is: Assisting persons with AIDS w | of Case many |
| ment services. | |
| ARTICLE IV MANNER OF ELECTION | |
| The manner in which the directors are elected or appointed: | |
| The manner in which the directors are elected or appointed: Directors were appointed? | occeptla. |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS | |
| List name(s), address(es) and specific title(s): | PX TO FI 37277 |
| useth 10 Bryan - 5407 Spragbrook | 71 10 61 3777 |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): USeff-) O Bryan - 5407 Spray Brook Marn L. Castro - 5488 Ft. Caroline. Sary S. Henn - Cary Redrock S. f. | Ka, Jax, Pl. Jeer |
| rary 5. blenn - 5224 Redract 5, | Jax., Fl. 32205 0 |
| <u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD</u> | <u>RESS</u> |
| The name and Florida street address (P.O. Box NOT acceptable) of the regist | ered agent is 🔀 🥳 💍 |
| Flasell In Brigar | 11 (b) 11 (b) |
| FILEST LOVE PORK RO | |
| Flirabeth To Bryan Rd. 54 Jax 1811. Oza Eggs. | 1 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Tella de alla Ta Rayon | Action to the second se |
| FILLIOUS GOODER RA | 電量 ≥ |
| Tax . A. 3 2277 | ္မား ဟ |
| **************** | ****** |
| Having been named as registered agent to accept service of process for the above stated co | orporation at the place designated |
| in this certificate, I am familiar with and accept the appointment as registered agent and a | |
| Elisabeth 10 Bryan | 2/26/10 |
| Signature/Registered Agent, | Date |
| (/ Elizabeth Ta boyak | |
| Glistades 17 K. | 1/26/11 |
| Signature/Incorporator | Date |
| Elizabeth To Bryan | ~uiv |