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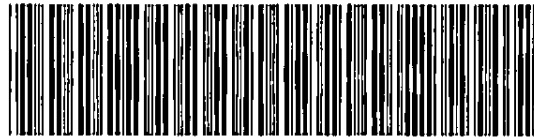
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SECRETARY OF STATE
TALLAHASSEE, FL 9051

COVER LETTER

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

SUBJECT: Association of Neuro Activity Based Professionals 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Cynthia Templeton
Name (Printed or typed)

8 Honeysuckle Lane
Address

Kinnelon, NJ 07405
City, State & Zip

201-396-7603
Daytime Telephone number

Cynthia.templeton@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I - Name of the Corporation

The name of the corporation shall be: Association of Neuro Activity Based Professionals Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

14241 SW 120th Street, Suite 107,,

same

Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Association of Neuro Activity Based Professionals Inc. is dedicated to supporting the professionals and the organizations that deliver neuro activity based programs and exercise science based programs to people with neurological conditions resulting in paralysis. This may be done independently or in conjunction with educational and government institutions. This will be a member based, nonprofit charitable organization under the laws of the State of Florida.

This nonprofit corporation, the Association of Neuro Activity Based Professionals Inc., is organized and shall be operated exclusively for charitable, educational, and scientific purposes, including without limitation, fostering, developing, supporting, and promoting the profession of neuro and exercise based professionals to meet the needs of its members and organizations in order to address the needs of the paralysis community. The purpose will also include the developing, publishing and copywriting of educational materials, and promoting specialized training for those professionals working with the paralysis community.

ARTICLE IV – BOARD OF DIRECTORS and MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BOARD OF DIRECTORS; OFFICERS

Paragraph 4.1

The Board of Directors will act as the governing body of the corporation. Setting policy, ensuring compliance with all applicable laws and regulations, reviewing and approving budgets and strategic plans for the corporation, raising funds, and upholding the corporation's mission are the core responsibility of the Board of Directors.

Paragraph 4.2

The Board of Directors shall consist of not fewer than three individuals. Board positions will consist of the President, Vice President, Secretary/Treasurer, and General Board Members. The positions of Secretary and Treasurer may be combined and held by one person (as they are for the initial formation), or may be separated and held by 2 individuals (expected for the future).

Paragraph 4.3

The Executive Officers shall include the President, Vice President, Secretary/Treasurer. The President shall be the principal executive officer of the Corporation, and subject to the control of the Board of Directors, shall in general supervise and control all of the business and affairs of the Corporation. The Vice President shall assist the President with all duties and preside over meetings of the Board of Directors when the President is not available. The Secretary will act as the recorder of all meetings and is responsible for the communications and maintaining the documents of the Board of Directors. The

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STATE
TALLAHASSEE, FL

Treasurer is responsible for monitoring and reporting the fiscal health of the corporation to the Board of Directors, for reviewing the corporation's financial policies and procedures, and for preparing annual budgets for Board approval.

Paragraph 4.4

All Executive Officer and General Board Member positions are voluntary and non-paid. Each board member will be required to review the corporation's bylaws. The term of General Board Members will be two years. There is no limit to the number of terms a General Board Member can hold, however no one can serve as Secretary or Treasurer for more than two consecutive terms.

Paragraph 4.5

Elections for all Executive Officers will be held annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfredo Iglesias, Vice President Name and Title: Tricia Lazzar, President

Address 14241 SW 120th Street, Suite 107 Address: 17125 NE98th Court

Miami, FL 33186

Redmond, WA 98052

Name and Title: Cynthia Templeton, Sec/Treasurer Name and Title: _____

Address 8 Honeysuckle Lane Address: _____

Kinnelon, NJ 07405

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JULIA HASSLET

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alfredo Iglesias

Address: 14241 SW 120th Street, Suite 107
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia Templeton

Address: 8 Honeysuckle Lane
Kinnelon, NJ 07405

ARTICLE VIII – Dissolution Clause

If this corporation is dissolved for any reason, the assets will go to another tax-exempt organization in the United States. The receiving organization will be voted on by the Officers.

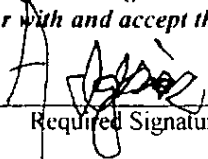
ARTICLE IX: EFFECTIVE DATE:

Effective date, if other than the date of filing: NA (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature of Registered Agent

8/20/19

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

8/15/19

Date