

1201 HAYS STREET  
TALLAHASSEE, FL 32310

800-342-8086



**9500002457**

ACCOUNT NO. 072100000032

REFERENCE : 603320 10026A

AUTHORIZATION :

COST LIMIT : \$ 78.75

*Patricia Pyzdek*

ORDER DATE : May 22, 1995

ORDER TIME : 2:29 PM

800001497428

ORDER NO. : 603320

CUSTOMER NO: 10026A

CUSTOMER: Stephen Muffler, Esq  
MARK JOHN SKIPPER, P.A.

Suite 200  
315 Southeast 7th Street  
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: PRO ACT HIV, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

95 MAY 23 AM 8:46

FILED

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COP.
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

T. BROWN

MAY 24 1995

FILED  
95 MAY 23 AM 8 46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
PRO ACT HIV, INC.  
A NONPROFIT CORPORATION

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I.

The name of the corporation shall be:

PRO ACT HIV, INC.

The address of the principal office of this corporation shall be 3905 Alton Road, Miami Beach, Florida 33140, and the mailing address of the corporation shall be the same.

ARTICLE II.

Said corporation is organized exclusively for charitable, religious, educational, literary and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law. The specific purpose is to educate people concerning H.I.V. transmission and other sexually related diseases.

Notwithstanding any other provision of these articles,

this corporation will not carry on any other activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purpose.

#### ARTICLE III.

The manner in which the directors are to be elected or appointed is by election as stated in the bylaws.

#### ARTICLE IV.

The name and address of the incorporator of these Articles is:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

#### ARTICLE V.

This corporation is to exist perpetually.

ARTICLE VI.

The street address of the initial registered office of the corporation shall be 3905 Alton Road, Miami Beach, Florida 33140, and the name of the initial registered agent of the corporation at that address is Pedro L. Sosa.

IN WITNESS THEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on May 23, 1995.

Corporation Service Company

By: *Gail Shelby*  
Its Agent, Gail Shelby

CLD/gls

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 807.0501 or 817.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Pro Act HIV, INC.

2. The name and address of the registered agent and office is:

Pedro L. Sosa  
(NAME)  
3905 ALTON Rd.  
(P.O. BOX NOT ACCEPTABLE)  
Miami Beach, FL 33140  
(CITY/STATE/ZIP)

FILED  
MAY 23 11 08 AM '95  
STATE OF FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 5/10/95