

N95000002793

TRANSMITTAL LETTER

FILED

95 JUNE 6 AM 10:42

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HIV/AIDS Treatment & Wellness Center, Inc.
(Proposed corporate name - must include suffix)

400001506604
-06/06/95--01088--008
*****78.50 *****78.50

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Austin Phillips
Name (Printed or typed)

5003 Sharpercroft Court
Address

Tampa, Florida 33624
City, State & Zip

(813) 968-6101
Daytime Telephone number

Austin Phillips GAV:

AUTHORIZATION BY PHONE TO

CORRECT Corp. name

DATE 6-14-95

DOC. EXAM KWH

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

KWH
6-15-95

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

HIV/AIDS Treatment and Wellness Center, Incorporated.

ARTICLE II

Principal place of business and mailing address

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

P.O. Box 11931
Tampa, FL. 33610

5003 Sharpcroft Court
Tampa, FL. 33610

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ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

Holistic Education and Treatment of HIV/AIDS and other diseases. Within the meaning of Section 501 (c) (3) of the Internal Revenue Code or 1986, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501 (c) (3), or the corresponding provisions of any future United States Internal Revenue Laws. The Corporation is authorized to do all things, perform all acts and exercise all powers permitted under law subject to the above restriction only.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The Board of Directors shall be appointed in accordance with the By-Laws of the Corporation.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

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

Austin Phillips
5003 Sharpcroft Court
Tampa, FL 33624

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Austin Phillips: 5003 Sharpcroft Ct., Tampa, FL 33624
Dr. Mozella Mitchell: 2605 S. Kings Av., Brandon, FL 33511
Shawayne Craig: 8014 Pinehill Dr., Tampa, FL 33617
Carlton Lewis, Jr.: 9510 Letterstone Ct., Tampa, FL 33615-1972

The undersigned incorporator has executed these Articles of Incorporation this 31st day of May, 19 95.

Signature of Incorporator:

Austin Phillips

Mozella A. Mitchell

Carlton Lewis, Jr.

Austin Phillips, President

Typed name of incorporator signing

Dr. Mozella Mitchell, Secretary

Shawayne Craig, Vice President

Carlton Lewis, Jr., Treasurer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:

HIV/AIDS Treatment & Wellness Center, Incorporated
(must include suffix)

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

Austin Phillips

(NAME)

5003 Sharpcroft Court

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida 33624

(CITY/STATE/ZIP)

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.

Austin Phillips

(SIGNATURE)

May 31, 1995

(DATE)