N97000000550

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

SUBJECT: The	Vational AIDS	/HIVFitness,	Health.	4 Welly	XSS .
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Enclosed is an original a	nd one (1) copy of the art	icles of incorporation and	a check for :		
s70.00	\$78.75	□\$ 122.50	\$131	25	
Filing Fee	Filing Fee	Filing Fee	Filing F		
	& Certificate	& Certified Copy	& Certine	d Copy ificate	
FROM:	Robert P. Es	SQUENC (ed or typed)			
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NOTE:	Please provide the original	inal and one copy of th	e articles.		
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9Nn-20-97



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 5, 1997

ROBERT P. ESQUERRE 2401 COLLINS AVE., STE. 1901 MIAMI BEACH, FL 33140

SUBJECT: THE NATIONAL AIDS/HIV FITNESS, HEALTH & WELLNESS

COALITION

Ref. Number: W97000025174

We have received your document for THE NATIONAL AIDS/HIV FITNESS, HEALTH & WELLNESS COALITION and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 487-6878.

John Nedeau Document Specialist

Letter Number: 597A00053603

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:

The National AIDS/HIV Fitness, Health & Wellness Coalition, INC.

ARTICLE II

Principal place of business and mailing address

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

2401 Collins Avenue Suite #1901 Miami Beach, FL 33140

FILED 97 NOV 20 M 4: 01 SECRETARY OF STATE INLLARASSEE, FLOND/

ARTICLE III

Purpose(s)

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

1. To develop a comprehensive, multi-dimensional educational program that can prepare personal trainers and/or health care professionals to become more competent in providing personal services to HIV+/AIDS Clients;

- 2. Serve as an informational/educational resource that addresses issues, concerns &/or priorities that effect the HIV+/AIDS clients and the general population at large;
- 3. Service as an additional comprehensive vehicle that can disseminate timely information about HIV+/AIDS issues, concerns & priorities; and
- 4. Provide a service option that can minimize the disability status of the HIV+/AIDS Client and facilitate the Client's return to functional work.

ARTICLE IV

Manner of election of directors

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

the directors will be appointed by the President 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:

It shall be the responsibility of the Executive Committee to establish and control the policies and business of the Corporation, in accordance with the objectives for which the Corporation is organized. It may establish other subordinate committees to perform such duties as may be delegated. The Executive Committee has the general power to (i) control and manage the affairs, funds and

property of the Corporation; (ii) disburse the Corporation's monies and dispose of its property in fulfillment of its corporate purpose; provided, however, that the fundamental and basic purposes of the Corporation, as expressed in these Articles of Incorporation, shall not thereby be amended or changed, and provided further that the Executive Committee shall not permit any part of the net earnings or capital of the Corporation to inure to the benefit of any private individual; and (iii) appoint an Executive Director and Corporation President who shall be responsible to the Executive Committee for an artistic, administrative and business management of the Corporation.

ARTICLE VI

Initial registered agent and street address

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

Robert P. Esquerre 2401 Collins Avenue Suite 1901 Miami Beach, Florida 33140

ARTICLE VII

Incorporators

The name and the street address of the incorporator for these articles of incorporation is:

Robert P. Esquerre 2401 Collins Avenue Suite #1901 Miami Beach, Florida 33140

The undersigned incorporator has executed these Articles of Incorporation this _th day of October, 1997.

(An additional article must be added if an effective date is requested)

Signature of Incorporator:

Robert P. Esquerre

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:

The National AIDS/HIV Fitness, Health & Wellness Coalition

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

Robert P. Esquerre 2401 Collins Avenue Suite #1901 Miami Beach, Florida 33140 97 HOV 20 PH & DI SECRETARY OF STATE TALLARIASSEE, FLOKIDA

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)