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**Florida Department of State**

**Division of Corporations**

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**To:**

**Division of Corporations  
Fax Number : (850) 922-4001**

**From:**

**Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**

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**FLORIDA NON-PROFIT CORPORATION**

**L.L.E.A.AF.AM.-SIDA LIGA LATINEUROASIAAFROAMERICANA,**

**CONTRA EL SIDA, INC.**

**TRANSLATION: L.L.E.A.AF.AM. -AIDS LEAGUE LATINEUROASIAAFROAMERICAN,  
AGAINST AIDS, INC.**

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## 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:

L.L.E.A.AF.AM.—SIDA LIGA LATINEUROASIAAFROAMERICANA, CONTRA EL SIDA, INC.

### ARTICLE II

#### Principal place of business and mailing address

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

770 PONCE DE LEON BLVD.  
CORAL GABLES, FL. 33134

MAILING ADDRESS: P.O. BOX 652703  
MIAMI, FL. 33265-2703

### ARTICLE III

#### Purpose(s)

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

TO PROVIDE A PROGRAM OF ASSISTANCE IN:  
MEDICAL AREAS SUCH AS GENERAL MEDICINE, ORTHODONTOLOGY, NUTRITION, AND THERAPY,  
AREAS IN PSYCHOLOGY AND PSYCHIATRIC SERVICES, AREAS OF SOCIAL ASSISTANCE IN  
HUMAN RIGHTS, AND INVESTIGATIVE PROJECTS TOWARDS MEDICINE.

### ARTICLE IV

#### Manner of election of directors

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

THE MANNER WILL BE STATED IN THE BY-LAWS OF THE CORPORATION.

Prepared by:  
Basica Accounting Service,  
692 W. 29 Street, #9,  
Hialeah, FL 33012  
(305) 887- 4185

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**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:

LIZETTE ARANGO  
11165 N.W. 3 STREET  
MIAMI, FL. 33172

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**ARTICLE VII**

**Incorporators**

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

LIZETTE ARANGO  
11165 NW 3 STREET  
MIAMI, FL. 33172

DIRECTOR

JOSE MANUEL REVILLA  
7471 NW 167 TERR  
MIAMI, FL. 33015

DIRECTOR

MIGUEL ANGEL ARANGO  
7471 NW 167 TERR.  
MIAMI, FL. 33015

DIRECTOR

ALEJANDRO DE FRANCISCO  
7471 NW 167 TERR  
MIAMI, FL. 33015

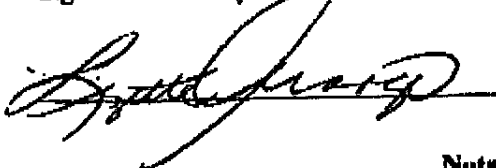
DIRECTOR

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ 23rd \_\_\_\_ day of \_\_\_\_

NOVEMBER, 19 98

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

Signature of Incorporator:



LIZETTE ARANGO

Typed name of incorporator signing

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:

L.L.E.A.AF.AM.- SIDA LIGA, LATINEUROASIAAFROAMERICANA, CONTRA EL SIDA, INC.  
(must include suffix)

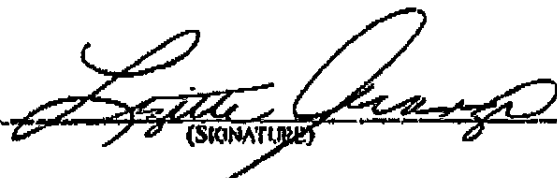
2. The name and address of the registered agent and office is:

LIZETTE ARANCO  
(NAME)

11165 NW 3rd STREET  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33172  
(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.*

  
(SIGNATURE)

11-23-98  
(DATE)

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