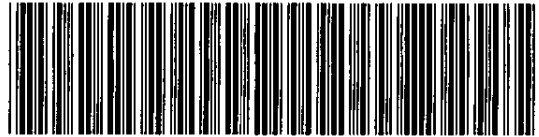


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TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Marilyn Gaston
AUTHORIZATION BY PHONE TO **GAVE**
CORRECT *Res. Agent info.*
DATE *3/5/08*
~~DOG. 2008~~ *MIRB*

Office Use Only

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3/5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DR. GAYLE K. PORTER & DR. MARILYN GASTON
(Name of Person)
THE GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC.
(Firm/Company)

8612 TIMBER HILL LANE
(Address)

POTOMAC, MD. 20854
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. GAYLE K. PORTER at (863) 427-9599
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. THE GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. WASHINGTON D.C. 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/5/2002 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 8612 TIMBEL HILL LANE POTOMAC, M.D. 20854
(Principal office address)

8. The organization is organized exclusively for educational and charitable purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ~~DR. MARTIN B. GASTON~~ DR. GAYLE K. PORTER

Office Address: 668 SHOREHAVEN DR.
POINCIANA, Florida 34759
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Martin B. Gaston & Gayle K. Porter
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARILYN GASTON

Address: 8612 TIMBER HILL LANE
POTOMAC, MARYLAND 20854

Vice President: GAYLE K PORTER

Address: 8612 TIMBER HILL LANE
POTOMAC MD 20854

Secretary: MARILYN PEALS O'HARA

Address: 668 SHOREHAVEN, POINCIANA, FL. 34759

Treasurer: SYLVIA L. QUINTON

Address: 8829 GLENARDEN PARKWAY, GLENARDEN, M.D.
20706

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. GAYLE K PORTER
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GAYLE K PORTER, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



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TALLAHASSEE, FLORIDA

C E R T I F I C A T E

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 5th day of June , 2002 *Articles of Incorporation of:*

GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC. (THE)


The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to conduct its affairs in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in Good Standing , according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 27th day of February , 2008 .

LINDA K. ARGO
Director

Business and Professional Licensing Administration



JUVA J. HEPBURN
Assistant Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor