

**F040000001336**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

## FOREIGN NON-PROFIT QUALIFICATION

Friends of Instituto Leloir, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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04 MAR 11 AM 8:25  
DIVISION OF CORPORATION  
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JB  
3/11/04

**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. Friends of Institute Leloir, 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. Delaware 3. 57-1193063  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. November 18, 2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. To begin conducting affairs in Florida upon acceptance of this application  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 1643 Brickell Avenue, Apartment 3405, Miami, Florida 33129  
(Principal office address)  
Same as above  
(Current mailing address)
8. Charitable, educational & scientific purposes, incl. raising awareness about & fundraising for Fundacion Instituto Leloir  
(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 or Mail Drop Box NOT acceptable)**

Name: C T Corporation System  
Office Address: c/o C T Corporation System  
1200 South Pine Island Road  
Plantation Florida 33324  
(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.*

C T Corporation System

By:   
(Registered agent's signature)

**Jonathan R. Giddings**  
Assistant Secretary

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: See below under officers

Address:

Vice Chairman: None

Address:

Director: Dr. Norberto E. Priu

Address: 1643 Brickell Avenue, Apartment 3405

Miami, Florida 33129

Director: David A. Shevlin, Esq.

Address: Simpson Thacher & Bartlett LLP, 425 Lexington Avenue

New York, New York 10017

B. OFFICERS

Chairman: Dr. Norberto E. Priu

Address: 1643 Brickell Avenue, Apartment 3405

Miami, Florida 33129

Vice President: None

Address:

Secretary: David A. Shevlin, Esq.

Address: Simpson Thacher & Bartlett LLP, 425 Lexington Avenue, New York, NY 10017

Treasurer: Dr. Norberto E. Priu

Address: 1643 Brickell Avenue, Apartment 3405, Miami, Florida 33129

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

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

14. Dr. Norberto E. Priu, Chairman and Treasurer

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

# Delaware

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "FRIENDS OF THE INSTITUTE OF LELOIR, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THE SAID "FRIENDS OF THE INSTITUTE OF LELOIR, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FRIENDS OF INSTITUTO LELOIR, INC.", ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2003, AT 3:32 O'CLOCK P.M.

AND I DO FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

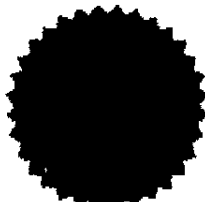
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3729284 8300C

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

DATE: 03-10-04