

F06000002001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

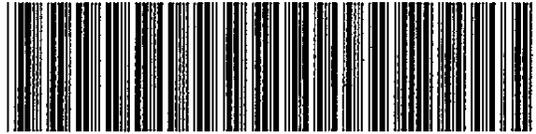
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700067772997

FD-1570B--01/01--004 **70,00

2006 MAR 29 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cyclic Vomiting Syndrome Association, 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:

Debra Waites

(Name of Person)

Cyclic Vomiting Syndrome Association, Inc
(Firm/Company)

3585 Cedar Hill RD NW

(Address)

Canal Winchester, OH 43110
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Waites

(Name of Person)

at (614) 837-2586

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2006

CYCLIC VOMITING SYNDROME ASSOCIATION, INC.
3585 CEDAR HILL RD NW
CANAL WINCHESTER, OH 43110

SUBJECT: CYCLIC VOMITING SYNDROME ASSOCIATION
Ref. Number: W06000013077

We have received your document for CYCLIC VOMITING SYNDROME ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

Please return 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) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 606A00018403

06 MAR 29 PM 2:19

RECEIVED

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. Cyclic Vomiting Syndrome Association, 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. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1767509

(FEI number, if applicable)

4. 8/25/1993

(Date of Incorporation)

5. n/a

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

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

7. 3585 Cedar Hill RD NW, Canal Winchester, OH 43110

(Principal office address)

3585 Cedar Hill RD NW, Canal Winchester, OH 43110

(Current mailing address)

8. support, education for those living with CVS

(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 DRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston

(City)

Florida 33331

(Zip Code)

2006 MAR 29 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Lisa Reeves, Assistant Secretary

By: Lisa Reeves, Assiot Sec 3/20/06
(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.

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

A. DIRECTORS

Chairman: Debra Waites

Address: 3585 Cedar Hill RD NW
Canal Winchester, OH 43110

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
2006 MAR 29 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kathleen Adams

Address: 13180 Caroline Ct
Elm Grove, WI 53122

Vice President: Doug Wilson Sr

Address: 164 Milestone Way
Greenville, SC 29615

Secretary: Jodie Jonas

Address: 4071 Ave Coloniale, Montreal, QC, H2W 2C2, Canada

Treasurer: _____

Address: _____

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

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

14. Debra Waites
(Typed or printed name and capacity of person signing application)



**CYCLIC VOMITING SYNDROME ASSOCIATION
BOARD OF DIRECTORS**

Tax ID # 39-1767509

THE BOARD

President

Kathleen Adams
13180 Caroline Ct
Elm Grove, WI 53122
P 262-784-6842
Cell: 414-339-1842
f 262-821-5494
kadams@mcw.edu

V-president

Douglas M. Wilson, Sr.
164 Milestone Way
Greenville, S. C. 29615
P 864-289-0623
f 864-289-9464
dwilson@tandk.com

Secretary

Jodie Jonas
4071 Av Coloniale
Montreal, QC
H2W 2C2 Canada
(514) 284-5096
jodiejonas@sympatico.ca

Treasurer

Board Members At Large:

Mary Rachael Lovett-Barr
2043 Overlook Pass #4
Middleton, WI 53562
P 608-239-0642
mrlovett@wisc.edu

Sandy Cech

24101 119th Street
Trevor, WI 53179
P 262-862 9370 (h)
P 262-605-6671 (w)
Cell: 847-337-3897
F 262-862-1686
sange@wi.rr.com

Carol W. Fleisher
705 Centennial Court
Columbia, MO 65203
P: 573-443-1189
Cell: 573-999-7099
Fax: please call first
fleishercw@missouri.edu

Amy Preston
48 Liberty Way
Clifton Park, New York 12065
P 518-371-2807
Cell 518-810-7752
F 518-371-2813
apreston-cvsa@nycap.rr.com
orsonhp@nycap.rr.com

CVSA OHIO OFFICE

Debra Waites
3585 Cedar Hill Rd. NW
Canal Winchester, OH 43110
P 614-837-2586
F 614-837-2586
waitesd@cvsaonline.org

CHIEF MEDICAL ADVISORS

Richard G Boles, MD
Associate Professor Pediatrics Medical
Genetics
Keck School of Medicine at USC
Director, CCS Center
Metabolic/Mitochondrial Disorders
Children's Hospital of Los Angeles
Box 90, 4650 Sunset Blvd,
Los Angeles, CA 90027
P 323-660-2178 F 323-665-5937
rboles@chla.usc.edu

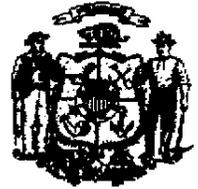
David R. Fleisher, MD
Associate Professor-Pediatrics-GI
Univ. of Missouri Hospital & Clinic
I Hospital Drive
Columbia, MO 65212
P 573-882-2468 F 573-882-2742
FleisherD@Health.Missouri.edu

Robert M. Issenman, MD
Professor of Pediatrics, Chief peds GI
McMaster University Medical Center
1200 Main Street West
Hamilton, Ontario Canada L8N 3Z5
P 905-521-2100 x 75637 F 521-2655
Issenman@mcmaster.ca

B U.K. Li, MD
Medical College of Wisconsin,
Milwaukee, Dept. of Pediatric GI
Phone: (414) 266-3690

Rev 2/06

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

CYCLIC VOMITING SYNDROME ASSOCIATION, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 25, 1993.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 7, 2006.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **23262-2513E9C3**