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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

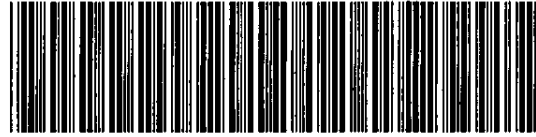
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CS 2-13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Community Cancer Education, 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:

Sharon Salenius
(Name of Person)

Community Cancer Education, Inc.
(Firm/Company)

12573 New Brittany Blvd.

Building 23
(Address)

Fort Myers, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Salenius at (239) 770-5010
(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. Community Cancer Education, 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. North Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 18, 1996 5. Perpetual
(Date of Incorporation) (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. 900 Hendersonville Road, Suite 304, Asheville, NC 28803
(Principal office address)

12573 New Brittany Blvd., Building 23, Fort Myers, FL 33907
(Current mailing address)

8. Charitable foundation
(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: Sharon Salenius

Office Address: 12573 New Brittany Blvd., Bldg. 23
Fort Myers, FL, Florida 33907
(City) (Zip Code)

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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.



(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Solomon Agin

Address: 19400 Cromwell Court, #108 Fort Myers, FL 33912

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Solomon Agin

Address: 19400 Cromwell Court, #108 Fort Myers, FL 33912

Vice President: Winford Hendrix

Address: 6714 Willow Lake Circle Fort Myers, FL 33966

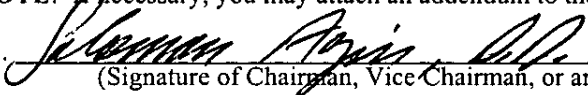
Secretary: Eduardo Fernandez-Vicioso

Address: 4351 E. 22nd Ave. Fort Lauderdale, FL 33308

Treasurer: Eduardo Fernandez-Vicioso

Address: 4351 E. 22nd Ave. Fort Lauderdale, FL 33308

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. SOLOMON AGIN DD PRESIDENT AND CHAIRMAN

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

Community Cancer Education, Inc.

Additional Members of the Board of Directors

Garcia, Leonardo	Member-at-large	13222 Greywood Circle Fort Myers, FL 33912
Sheridan, Howard	Member-at-large	3680 Broadway Fort Myers, FL 33901



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

COMMUNITY CANCER EDUCATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of June, 1996 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of January, 2007

Elaine F. Marshall

Secretary of State

