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# FOREIGN PROFIT/NONPROFIT CORPORATION

MDA Venture Philanthropy, Inc.

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Help

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

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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:

ír	Name of corporation: must aport in language as will o		na sta fannal na a sanata na <b>sela k</b> asin kasin da sa <b>s</b> i kasin
ir	the name at present. "Co	mpany" or "Co." may n	not be used as a corporate suffix by a nonprofit corporation.)
2.	Delaware		3.26-2704895
	(State or country under the	te law of which it is inc	ncorporated) (PEI number, if applicable)
4. <u> </u>	vlay 28, 2008		5. Perpetual
	(Date o	f Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.			
(	Dute first conducted affairs	in Florida if prior to reg.	gistration. See sections 617 1501 & 617.1502, F.S. to determine penalty tability.
7.3	300 East Sunrise Drive	Tucson, AZ 85718	6-32 <del>9</del> 8
·· _	······································		(Principal office address)
_			
1	300 East Sunnse Drive	, Tucson, AZ 85718-	
1	300 East Sunnse Drive	, Tucson, AZ 85718-	8-3299 (Current mailing address)
-		, Tucson, AZ 85718-	
8, 3	See Attached	<u> </u>	(Current mailing address)
8, 3	See Attached	<u> </u>	
8. ( (1	See Attached Surpose(s) of corporation .	authorized in home stat	(Current mailing address)
8. ( (1	See Attached Surpose(s) of corporation : lame and <u>street address</u>	authorized in home stat of Florida registered	(Current mailing address)
8. ( (1	See Attached Surpose(s) of corporation : lame and <u>street address</u>	authorized in home stat of Florida registered	(Current mailing address) ate or country to be carried out in the state of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)
8. ( () 9, N	See Attached Furpose(s) of corporation lame and <u>street address</u> Name: <u>C T Corpo</u>	authorized in home stat of Florida registered ration System	(Current mailing address) ate or country to be carried out in the state of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)
8. ( () 9, N	See Attached Surpose(s) of corporation : lame and <u>street address</u>	authorized in home stat of Florida registered ration System	(Current mailing address) ate or country to be carried out in the state of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)
8. ( () 9, N	See Attached Furpose(s) of corporation lame and <u>street address</u> Name: <u>C T Corpo</u>	authorized in home stat of Florida registered ration System	(Current mailing address) ate or country to be curried out in the state of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)
8. ( () 9, N	See Attached Furpose(s) of corporation lame and <u>street address</u> Name: <u>C T Corpo</u>	authorized in home stat of Florida registered ration System	(Current mailing address) ate or country to be carried out in the state of Florida) d agent: (P.O. Box <u>NOT</u> acceptable)

10. Registered agent's acceptance: Having been numed 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 contificate 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.

Vice Chairman:	Address:				P. barren an				
Address:      Director:	. <b></b>			<u>_</u>	^			· ·	
Director:	Vice Chairman;	<u> </u>					n 1)/ : ga¶tuk a an a		
Director:	Address:	<u> </u>	<u></u>	·····	,				
Address:	<b>.</b>							, , =	
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Director:	ddress:							• pr.	
ddress:   OFFICERS resident:   Gdress:   resident:				<u> </u>			····		
A. OFFICERS resident: Soe Attached			-						
B. OFFICERS  resident: See Attached  resident:  resident:	ddress:							ar <del>an a</del> r a araan	
iddress:	. OFFICER				· · · ·		<u> </u>	· · · · · · · · · · · · ·	r
videress:	resident: <u>See A</u>	Allached		··				<u>ځور د منځو .</u>	۰.
<pre>//ice President:</pre>	· ·	· ·							· . ·
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reusuror:	ecretary:				·				
	ddress:	<u></u>					/		
daress:	reusurer:								
	.ddress:						»		
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	· • • • • • • • • • • • • • • • • • • •	and a state of a state of a			································				

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

## A. DIRECTORS

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14. Stephen Evans, Assistant Treasurer (Typed or printed name and capacity of person signing application)

#### MDA VENTURE PHILANTHROPY, INC. OFFICERS (\*) AND MEMBERS OF THE BOARD OF DIRECTORS Elected July 10, 2008

National Office 3300 East Sunrise Drive Tucson, Arizona 85718-3299

Stanley H. Appel, M.D.

Paul Avery

Bart Conner

Benjamin F. Cumbo, III

Daniel G. Fries

The Honorable Brad Henry

\*R. Rodney Howell, M.D. Chairman of the Board

\* Suzanne Lowden Treasurer

\*Olin F. Morris Chairman of the Executive Committee

Lynne Nieto, CPA

Christopher J. Rosa, Ph.D

\*Charles D. Schoor, Esq. Secretary

\*Gerald C. Weinberg President & CEO

Lois R. West

Louis M. Kunkle, Ph.D.

OTHER OFFICERS

Sharon Hesterlee, Ph.D. Senior Vice President & Executive Director

Valerie Cwik, M.D. Senior Vice President & Medical Director

Gail Schmertz Kerner, Esq. Senior Vice President & General Courise Assistant Secretary

> Stephen P. Evans, CPA Director of Finance Assistant Treasurer

Christina C. Kennedy Assistant Secretary

Annie Kennedy Vice President - Advocacy

## MDA Venture Philanthropy, Inc.

Corporate all-purpose clause:

The Corporation is organized and shall be operated exclusively for charitable, scientific and educational purposes, within the meaning of SOI(c)(3) of the internal Revenue Code of 1986, as now in effect or as may hereafter be amended (the "Code"). Specifically, the purpose for which the Corporation is formed is to carry out the purposes of the Muscular Dystrophy Association, Inc., an organization described in SOI(c)(3) of the Code, by promoting research into the causes of and curves for the neuromuscular diseases covered within the Muscular Dystrophy Association, Inc. 's programs and accelerating the discovery and development of drug therapies for such diseases.

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\* Suzanne Lowden Treasurer

'Olin F. Morris Chairman of the Executive Committee

Lynne Nieto, CPA

Christopher J. Rosa, Ph.D.

Charles D. Schoor, Esq. Secretary

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Valerie Cwik, M.D. Senior Vice President & Medical Director

Gail Schmertz Kerner, Esq. Senior Vice President & General Counsel Assistant Secretary

> Stephen P. Evans, CPA Director of Finance Assistant Treasurer

Christina C. Kennedy Assistant Secretary

Annie Kennedy Vice President - Advocacy

Delaware

PAGE 1

The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDA VENTURE PHILANTHROPY, INC." IS DOLY 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, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2009.

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

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



4550906

You may verify at corp.delawa 8300

AUTRENTICATION: 7276507

DATE: 04-30-09