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(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER			
TO: Registration Division of Co			
SUBJECT: COM	RETING FOR A (Name of Limited	CURE LLC Liability Company)	=
The enclosed Articles of	of Organization and fee(s) are sul	omitted for filing.	,
Please return all corres	pondence concerning this matter	to the following:	ZOOR .
<u> </u>	TERRENCE	TROY	JAN I U
CO-	APETING FOR	nme of Person)	SEE F
		rm/Company)	2: 1 10RI
120	WITZUA OX	ROAD	DA 5
		(Address)	
0	RLANDO FL	32906	
	(City/S	tate and Zip Code)	
For further information	concerning this matter, please ca	dl:	
TERREN	= TROY	(Area Code & Daytime Tele	8513
(Name	e of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	3

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMTED LIABILITY COMPANY

<u>ARTICLE I – NAME:</u>

The name of the Limited Liability Company is:

Competing for a Cure, LLC

<u>ARTICLE II – NAME:</u>

The mailing address and street address of the principal office of the Limited Liability Company is:

1200 Austin Road Orlando, FL 32806 INTEGRATION OF STATE TALEAHASSEE, FLORION

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT SIGNATURE:

The name and the Florida street address of the registered agent are:

Terrence Troy 1200 Austin Road Orlando, FL 32806

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

1-11-2008

ARTICLE IV - MANAGER AND MANAGING MEMBER:

The name and address of each Manager or Managing Member is as follows:

MGR

Terrence Troy 1200 Austin Road Orlando, FL 32806

MGRM

Yesenia Lopez 1200 Austin Road Orlando, FL 32806 ZIDOB JAN ILI P 2: 15
SECRETARY OF STATE
AND AHASSEE, FLORIO

ARTICLE V - PURPOSE CLAUSE:

The organization is organized exclusively for charitable purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code

<u>ARTICLE VI – DISSOLUTION CLAUSE:</u>

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose

REQUIRED SIGNATURE:

(in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated

herein are true)