1702 SOUTH WASHINGTON AVENUE TITUSVILLE, FLORIDA 32780

JOHN H. EVANS DOUGLAS W. BAKER

December 22, 1999

TEL: 407/267-5504 FAX: 407/267-0418

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Organ Transplant Assistance, Inc.

Our File No.: DWB-1181

100003081071--6 -12/27/99--01129--015 *****70.00 ******70.00

Dear Sir/Madam:

Enclosed find the original and one copy of the Articles of Incorporation for the above-captioned corporation, together with our check, Check No. 2885, in the amount of seventy dollars (\$70.00) to cover your filing fees. Please stamp the copy of the Articles with the date received at your office and return to the undersigned.

Thank you for your assistance in this matter.

Lile 1-28-00 per mr Bakers Secretary BR 1-28-00

Douglas W. Baker, Esquire

Enclosures

cc: Mr. James Jorgensen

DWB/myr

DWB/myr

W - 170

JOHN H. EVANS, P. A. ATTORNEYS AT LAW

1702 SOUTH WASHINGTON AVENUE TITUSVILLE, FLORIDA 32780

JOHN H. EVANS DOUGLAS W. BAKER

January 27, 2000

TEL: 407/267-5504 FAX: 407/267-0418

Ms. Beth Register Corporate Specialist Supervisor Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

via Airborne Express

RE:

Organ Transplant Assistance, Inc.

Your Reference No: W00000000170

Our File No: DWB-1181

Dear Ms. Register:

Per your letter to our office dated January 4, 2000, a copy of which is enclosed, our office has revised the enclosed Articles of Incorporation, pertaining to the above-captioned file. Please stamp the copy of the Articles with the date received at your office and return to the undersigned.

Thank you for your assistance in this matter.

Sincerely yours,

Douglas W. Baker, Esquire

Enclosures

cc: Mr. James Jorgensen

DWB/myr

ARTICLES OF INCORPORATION OF ORGAN TRANSPLANT ASSISTANCE, INC.

The undersigned subscribers to these Articles of Incorporation, being natural persons competent to contract, do hereby form a not-for-profit corporation under the laws of the State of Florida.

ARTICLE I

The name of this Corporation is:

ORGAN TRANSPLANT ASSISTANCE, INC.

ARTICLE II

The nature of the business of this corporation is to provide funds for individuals who are in need of a liver transplant, regardless of race, religion, color, creed or gender.

ARTICLE III

The amount of capital with which this corporation will begin business is \$500.00.

ARTICLE IV

This corporation shall exist perpetually.

ARTICLE V

The initial registered agent, registered office of the corporation in the State of Florida is: Charley Jorgensen, 8 Pearl Street, Cocoa, Florida 32926. The stockholders may from time to time move the principal office to any other address in Florida. The principal office and mailing address is: 8 Pearl Street, Cocoa, Florida 32926.

ARTICLE VI

The names and addresses of the initial directors are:

<u>NAME</u>

ADDRESS

Charley Jorgensen

8 Pearl Street

Cocoa, FL 32926

Robert Clifton

2845 W. King Street, #307

Cocoa, FL 32926

OD JAN 28 PM 4: 43
SECRETARY OF STATE
AND ASSEFT, FLORID

Robert Hoffman

260 Sabal Avenue

Merritt Island, FL 32953

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Michael Storey

Post Office Box 540160

Merritt Island, FL 32954

James Ruckreigle

6257 North U.S. 1

Port St. John, FL 32927

The subsequent directors shall be elected as provided for in the by-laws.

ARTICLE VII

The names and addresses of the subscribers to the Certificate of Incorporation are as follows:

NAME		<u>ADDRESS</u>
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Charley Jorgensen

8 Pearl Street

Cocoa, FL 32926

Robert Clifton

2845 W. King Street, #307

Cocoa, FL 32926

Robert Hoffman

260 Sabal Avenue

Merritt Island, FL 32953

Michael Storey

Post Office Box 540160

Merritt Island, FL 32954

James Ruckreigle

6257 North U.S. 1

Port St. John, FL 32927

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **CHARLEY JORGENSEN**, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this day of

muario . 2000

Notary Public, State of Florida My Commission Expires:



STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT CLIFTON, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this 3 day of 3 and ard, 2000

Notary Public, State of Florida My Commission Expires:

CYNTHIA L. ROEBUCK
MY COMMISSION # CC 579079
EXPIRES: August 22, 2000
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT HOFFMAN, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this 24 day of JANUARY, 2000.

Notary Public, State of Florida

My Commission Expires

MYRIAM AIDA SADLO

My Comm Exp. 11/28/03 No. CC 890910

[] Personally Known [] Other LD

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MICHAEL STOREY, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this 4 day of IANUARY, 2000.

EVELYN C. WALLACE MY COMMISSION # CC 836838 EXPIRES: June 9, 2003 Bonded Thru Notary Public Underwriters

Notary Public, State of Florida My Commission Expires:

STATE OF FLORIDA COUNTY OF BREVARD

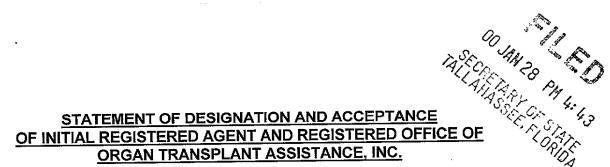
BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JAMES RUCKREIGLE, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this 3 day of January

Notary Public, State of Florida

My Commission Expires:





Pursuant to the provisions of Florida Statutes, Sections 48.091 and 617.0501, the undersigned, as Director of ORGAN TRANSPLANT ASSISTANCE, INC. hereby files this statement of the designation and acceptance of the initial registered agent of the Corporation.

The street address and mailing address of the initial registered office of this Corporation is 8 Pearl Street, Cocoa, Florida 32926 and the name of the initial registered agent of this Corporation at that address is CHARLEY JORGENSEN.

DATED this _2 day of

CHARLEY JORGENSEN

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of ORGAN TRANSPLANT ASSISTANCE, INC. at the initial registration office of the Corporation at 8 Pearl Street, Cocoa, Florida 32926,

2000.

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared CHARLEY JORGENSEN, to me well known to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed and that he is personally known to me or produced sufficient identification, and did not take an oath.

WITNESS my hand and official seal this 24 day of JANUARI

Notary Public, State of Florida

My Commission Expires:

