

N00000007000

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000055345 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

FILED  
00 OCT 20 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA NON-PROFIT CORPORATION  
NORTH AMERICAN DIALYSIS FOUNDATION CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

H00000055345

ARTICLES OF INCORPORATION  
FOR

NORTH AMERICAN DIALYSIS FOUNDATION CENTER, INC. ( NON-PROFIT ORGANIZATION )

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

NORTH AMERICAN DIALYSIS FOUNDATION CENTER, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

INITIAL AND PRINCIPAL ADDRESS IS: 6964 NW 50TH STREET  
MIAMI, FLORIDA 33166

FILED  
00 OCT 20 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are) (NON-PROFIT ORGANIZATION) with humanitarian purposes to collect all types of donations, monies, equipment, supplies and all and any others donations with the objective to give services and others donations to Organizations in the US Continental and International help, to agencies in other Countries, helping to peoples and Clinics, Organizations of Health in the World with only purposes to give and receive donations from sponsors in the US Continental and Out-side of the US. with main office in Miami, Florida U.S. Received and donations monies equipments, medical supplies in the Nefrology area as humanitarian services in the World.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

INITIAL BOARD OF DIRECTORS are: elect by the majoritary vote of the members Association.

- 1.- SORAYA U. OSORIO PRESIDENT AND DIRECTOR 6964 NW 50TH STREET MIAMI FL 33166
- 2.- DAVID R. OSORIO SECRETARIA AND DIRECTOR 15803 NE 2nd AVE N.MIAMJ BEACH, FL 33169
- 3.- DIANA S. OSORIO TREASURER AND DIRECTOR 30820 SW 222nd AVE HOMESTEAD, FL 33030

Page (1-3)

H00000055345

H00000055345

**ARTICLE V LIMITATION OF CORPORATE POWERS**

*The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:*

Collect all types of Donations and at same time give donations to the Institutions, clinics inside and outside of the US Continental with purposes humanitarian only ( non-profit ). in the Nefrology clinical area.

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

RICHARD CHARLES ILLA  
85 GRAND CANAL DRIVE SUITE # 310  
MIAMI, FLORIDA 33144

**ARTICLE VII DIRECTORS** (must have the minimum of three directors):

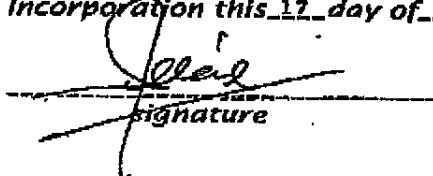
SORAYA U. OSORIO (PRESIDENT AND DIRECTOR )  
DAVID R. OSORIO ( SECRETARY AND DIRECTOR )  
DTANA S. OSORIO ( TREASURER AND DIRECTOR )

**ARTICLE VIII INCORPORATOR**

*The name and street address of the incorporator for these Article of Incorporator is:*

RICHARD CHARLES ILLA ( INCORPORATOR ONLY )  
85 GRAND CANAL DRIVE SUITE # 310  
MIAMI, FLORIDA 33144

*The undersigned incorporator has executed these Articles of Incorporation this 17 day of OCTOBER, 2000*

  
\_\_\_\_\_  
signature

*Page (2-3)*

H00000055345

H00000055345

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

NORTH AMERICAN DIALYSIS FOUNDATION CENTER, INC (NON-PROFIT ORGANIZATION)

(must include suffix)

2. The name and address of the registered agent and office is:

RICHARD CHARLES ILLA  
85 GRAND CANAL DRIVE SUITE # 310  
MIAMI, FLORIDA 33144

RICHARD CHARLES ILLA  
(NAME)

85 GRAND CANAL DRIVE SUITE # 310, MIAMI, FLORIDA 33144  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI DADE COUNTY, FLORIDA 33144  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

*Illia*  
(SIGNATURE)

OCT 17th, 2000  
(DATE)

Page (3-5)

H00000055345

**FILED**  
00 OCT 20 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA