

N020000003597

TRANSMITTAL LETTER 700005449917--6
-05/13/02--01002--020
*****35.00 *****35.00

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700005449917--6
-05/03/02--01047--015
*****43.75 *****43.75

SUBJECT: Jean March Memorial PH Caregivers Foundation, Inc.

Enclosed is an original and one (1) copy of the articles of not for profit incorporation and a check payable to Department of State for:

\$35.00
Filing Fee

\$35.00
Designation of
Registered Agent

<input checked="" type="checkbox"/> 78.75 \$43.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$43.75 Filing Fee Certified Copy & Certificate
Additional Copy Required	

FROM: Jean March Memorial PH Caregivers Foundation, Inc.

2309 W Del Webb Blvd

Sun City Center, FL 33573

(813) 889-0893

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY 10 AM 8:43



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 3, 2002

WILLIAM MARCH
2309 W DEL WEBB BLVD.
SUN CITY CENTER, FL 33573

SUBJECT: JEAN MARCH MEMORIAL PH CAREGIVERS FOUNDATION, INC.
Ref. Number: W02000012689

We have received your document for JEAN MARCH MEMORIAL PH CAREGIVERS FOUNDATION, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6922.

Bobbie Cox
Senior Corporate Section Administrator
New Filings Section

Letter Number: 002A00027684

CERTIFICATE OF INCORPORATION

OF

Jean March Memorial PH Caregivers Foundation, Inc.

ARTICLE I - NAME

The name of this corporation shall be:

Jean March Memorial PH Caregivers Foundation, Inc.

ARTICLE II – PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business of the not for profit corporation shall be:

2309 W Del Webb Blvd
Sun City Center, FL 33573

The mailing address of the not for profit corporations shall be:

PO Box 5277
Sun City Center, FL 33571

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ARTICLE III – PURPOSE OF THE NOT FOR PROFIT CORPORATION

The principal purpose of the not for profit corporation is to create a foundation to raise funds to provide for the care, comfort, and financial support for individuals and their caregivers suffering from Pulmonary Hypertension and related diseases, to create and fund programs of awareness of the disease for the general public, and to create and fund programs addressed to the medical and emergency response communities in recognition, treatment and available resources for the care of the Pulmonary Hypertension patient.

ARTICLE IV – APPOINTMENT OF DIRECTORS

The board of directors of the not for profit corporation shall consist of the founders. The directors shall serve until such time as they retire, withdraw, or expire, unless removed for just cause by the remaining directors. In the event one of the founding directors is no longer able to serve for whatever reason, the remaining directors will fulfill the vacancy by appointment.

ARTICLE V – INITIAL DIRECTORS/OFFICERS

The initial directors and their address are:

William March
2309 W Del Webb Blvd
Sun City Center, FL 33573

Pamela Alcorn
4601 N 31st Avenue
St Petersburg, FL 33713

Amy March
8564 W Barkhurst Drive
Pittsburgh, PA 15237

Officers of the not for corporation will be:

President/Chair
Vice Chair
Secretary/Treasurer
Executive Director

Officers of the not for profit corporation shall be appointed by the Board of Directors and shall serve at the discretion of the Board of Directors

ARTICLE VI – INTIAL REGISTERED AGENT AND STREET ADDRESS

The initial registered agent for the not for profit corporation is

William M March

The registered office shall be:

2309 W Del Webb Blvd
Tampa, Florida 33615

ARTICLE VII – INCORPORATOR

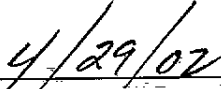
The incorporator of the not for profit corporation is:

William M March
2309 W Del Webb Blvd
Sun City Center, FL 33573

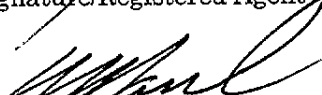
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



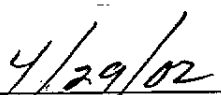
Signature/Registered Agent



Date



Signature/Incorporator



Date