

NO40000000788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

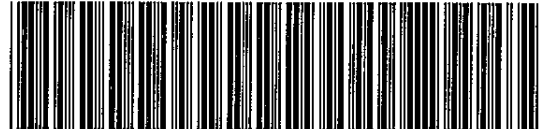
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE JAN 27 2004

Office Use Only



900027000129

01/22/04--01035--003 **78.75

RECEIVED
04 JAN 22 AM 11:20
DIVISION OF CORPORATION

FILED
04 JAN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GLOBAL SICKLE CELL DISEASE FOUNDATION,
(Corporation Name) (Document #)

2. INC.
(Corporation Name) (Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
FOR
GLOBAL SICKLE CELL DISEASE FOUNDATION, INC.**

FILED
01/22 AM 11:00

The undersigned incorporators, for the purpose of forming a Non-Profit Corporation pursuant to Chapter 617, Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be: **GLOBAL SICKLE CELL DISEASE FOUNDATION, INC.**

ARTICLE II

The principal place of business and mailing address of this corporation shall be: **1035 N.E. 125th STREET, SUITE 203B, NORTH MIAMI, FLORIDA 33161.**

ARTICLE III

The specific purpose(s) for which the corporation is (are) organized: **To aid the cause in finding a cure for the Sickle Cell Disease around the world.**

ARTICLE IV

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

By THE By laws.

ARTICLE V

The corporate powers of this corporation are as provided in Section 617.0302, Florida Statutes, unless limited as follows: **No Limit.**

ARTICLE VI

The name and street address of the initial registered agent is:

**J. LESLIE WIESEN
20211 N.E. 10th PLACE
MIAMI, FLORIDA 33179**

ARTICLE VII

The name(s) and street address(es) of the Owner(s) & Incorporator(s) for these Articles of Incorporation is (are): **RAYMOND JEAN-PHILIPPE at 117 N.W. 11th Avenue, Dania Beach, Florida 33004**

The undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 20th day of January, 2004.


By: **RAYMOND JEAN-PHILIPPE**

By: _____

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 further accept the obligations of my position as registered agent.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT / REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **GLOBAL SICKLE CELL DISEASE FOUNDATION, INC.**
2. The name and address of the registered agent and office is:

**J. LESLIE WIESEN
20211 N.E. 10th PLACE
MIAMI, FLORIDA 33179**

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.

J. LESLIE WIESEN


(Signature)

1/20/04

(Date)

FILED
04 JAN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA