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FLORIDA NON-PROFIT CORPORATION

the nancy mackle stringer foundation, inc.

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ARTICLES OF INCORPORATION

OF

THE NANCY MACKLE STRINGER FOUNDATION, INC.

The undersigned incorporator(s), for the purpose of forming a Not for Profit Corporation under Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: **THE NANCY MACKLE STRINGER FOUNDATION, INC.**

ARTICLE II

The principal place of business and the mailing address of this corporation shall be: **221 KNOLLWOOD DRIVE, KEY BISCAYNE, FL 33149**

ARTICLE III

The specific purpose for which the corporation is organized:
CANCER RESEARCH

ARTICLE IV

The manner in which the directors are elected or appointed shall be stated in the bylaws.

ARTICLE V

The name and street address of the initial registered agent shall be:
JAMES STRINGER SR., 221 KNOLLWOOD DRIVE, KEY BISCAYNE, FL33149

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TALLAHASSEE, FLORIDA**

ARTICLE VI

The name and address of the Director(s) and Officer(s) shall be:

PRESIDENT

JAMES STRINGER JR.

221 KNOLLWOOD DRIVE KEY
BISCAYNE, FL33149

VICE-PRESIDENT

JAMES STRINGER SR.

221 KNOLLWOOD DRIVE KEY
BISCAYNE, FL33149

SECRETARY

CAROLYN M. STRINGER


1600 SOUTH BAYSHORE LANE
#3C
MIAMI, FL 33133

ARTICLE VII

The name and street address of the incorporator of these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned incorporator has executed these Articles of Incorporation this 28th Day of JULY, 2005.


INCORPORATOR
Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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

THE NANCY MACKLE STRINGER FOUNDATION, INC.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.


REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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