# N00000000228

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
Cladys foul GAVE AUTHORIZATION BY PHONE TO				
CORRECT Activity IV				
DATE 110106 DOC. EXAM TH				

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# **COVER LETTER**

Department of State Division of Corporations

P. O. Box 6327 Tailahassee, FL 32314		•	
United L	eukodystrophy Fo	oundation of Greate	er Miami, Inc
SUBJECT:	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	DE SUTTIX)
Enclosed is an original and \$70.00 Filing Fee	I one(1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate
	Otario	ADDITIONAL CO	
FROM:	Gladys El	ena Fauli	
		rinted or typed)  165 Avenue	
Nove.		orida, 33185	
-		State & Zip 02-7664	루스타 (g. Howel to State Age of Archive) energy

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

January 6, 2006

Florida Department of State Attn: Tammy Hampton New Filling Section Ref#: W05000057112

We deeply appreciated your attention with this matter, I included for You the Minutes of Organization/Meeting of Directors and added the suffix indicated in your letter.

The Articles of Incorporation reflects the day of the meeting and the effective date.

Please, if you need additional information or any additional request from your office, do not hesitate to contact us at: (305) 302,7664 or email us at: fauil4@adelphia.net.

Thanks

Gladys E/Faull



RECEIVED
06 JAN -9 PM 3: 18

DIVISION OF CORFORATIONS
TALLAHASSET, FLORIDA

December 30, 2005

GLDYS ELENA FAULL 5105 SW 165 AVE MIAMI, FL 33185

SUBJECT: UNITED LEUKODYSTROPHY FOUNDATION OF GREATER MIAMI Ref. Number: W05000057112

We have received your document for UNITED LEUKODYSTROPHY FOUNDATION OF GREATER MIAMI and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6855.

Tammy Hampton Document Specialist New Filing Section

Letter Number: 005A00074233

### ARTICLE I NAME

The name of the corporation shall be:

United Leukodystrophy Foundation of Greater Miami, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5105 S.W 165 Avenue, Miami, Florida, 33185

### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Dedicated to providing patients and their families with information about their disease. Provided assistance for low income families in identifying sources of medical care, social services, and genetic counseling; Establishing a communication Network among families; increasing public awareness; acting as an information source for health care providers; and promoting and supporting research into causes, treatments, and prevention of the leukodystrophies.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE ELECTED BY MAJORITY VOTE AT THE ANNUAL MEETING.

<u>ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS</u> List name(s), addressees) and specific title(s):

Mrs. Gladys Elena Faull Chairman/CEO 5105 S.W 165 Ave, Miami, Florida, 33185

Mr. Wernher Faull Administrator/CFO 5105 S.W 165 Ave, Miami, Florida, 33185

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Wernher Faull 5105 S.W 165 Ave, Miami, Florida, 33185

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gladys Elena Faull 5105 S.W 165 Ave, Miami, Florida, 33185

Having been named as registered d 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

Signature/Incorporator

Date 12/26/2006