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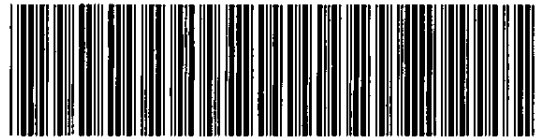
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**FOGLE & FIEDLER, PLLC**  
ATTORNEYS AT LAW

**TIMOTHY R. FIEDLER**  
CIVIL & BUSINESS LITIGATION  
PERSONAL INJURY  
REAL PROPERTY LAW

**MEG W. FIEDLER**  
PROBATE & ESTATE PLANNING  
APPELLATE LAW

**JEFFREY DAVID STARK**  
PROBATE & ESTATE PLANNING  
TRUSTS  
REAL PROPERTY LAW

MAILING ADDRESS:  
POST OFFICE BOX 24  
DeLAND, FLORIDA 32721-0024

(386) 734-4215  
FACSIMILE (386) 734-7419  
WWW.LAWDELAND.COM

J. DANA FOGLE - OF COUNSEL

December 5, 2007

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Incorporation of LEUKEMIA PATIENT & FAMILY ASSISTANCE  
FOUNDATION, INC.

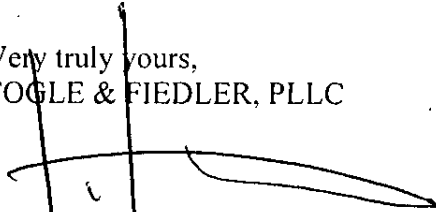
Gentlemen:

Enclosed herewith is an original and one copy of the proposed Articles of Incorporation and Designation of Registered Agent for LEUKEMIA PATIENT & FAMILY ASSISTANCE FOUNDATION, INC.

Also enclosed is my check in the amount of \$87.50, representing the filing fee, certified copy and certificate.

Thank you very much for your assistance.

Very truly yours,  
FOGLE & FIEDLER, PLLC



Timothy R. Fiedler

TRF/js  
Enclosures

**ARTICLES OF INCORPORATION  
OF  
LEUKEMIA PATIEN & FAMILY ASSISTANCE FOUNDATION, INC.**

The undersigned incorporator, for the purpose of forming a corporation in compliance with Chapter 617, F.S. (Not for Profit), hereby adopt the following Articles of Incorporation:

**ARTICLE 1**

The name of this corporation shall be LEUKEMIA PATIENT & FAMILY ASSISTANCE FOUNDATION, INC.

**ARTICLE 11  
PRINCIPLE OFFICE**

The principal place of business and mailing address of this corporation shall be:  
621 West Indiana Avenue, Number 17, Deland, FL 32720

**ARTICLE 111  
PURPOSE**

The general nature of business to be transacted by this corporation is to provide assistance to leukemia patients and their families, and to engage in any activity or business permitted under the laws of the United State of America and the State of Florida.

**ARTICLE IV  
MANNER OF ELECTION**

The manner in which the directors are elected shall be pursuant to the bylaws of the corporation.

**ARTICLE V  
INITIAL OFFICER**

The initial officers who shall hold office until their successors are elected pursuant to the by laws are:

NEIL HENRY WILLSON, President  
CINDY LEIGH WILLSON, Secretary

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

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The name and Florida street address of the initial resident agent are:

TIMOTHY R. FIEDLER, Esq.  
505 E. New York Ave., Suite 2  
Deland, Florida 32724

**ARTICLE VII**  
**INCORPORATOR**

The name and street address of the Incorporators to these articles of incorporation are:

NEIL HENRY WILLSON & CINDY LEIGH WILLSON  
621 W. Indiana Ave. #17  
Deland, Florida 32720

IN WITNESS WHEREOF, We, NEIL HENRY WILLSON and CINDY LEIGH WILLSON,

Being the original subscribers hereto, for the purpose of forming a corporation to do  
business both within and without the State of Florida, under the laws of the State of Florida, do  
make and file this Certificate, hereby declaring and certifying that the facts herein stated are true,  
and hereunto set our hands and seals this 5 day of Dec, 2007.

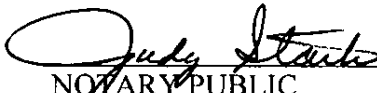
  
\_\_\_\_\_  
NEIL HENRY WILLSON

  
\_\_\_\_\_  
CINDY LEIGH WILLSON

STATE OF FLORIDA

COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 5 day of Dec,  
2007, by Neil Henry Willson, who is  personally known to me or has produced  
\_\_\_\_\_ as identification and who did/did not take an oath.

  
\_\_\_\_\_  
NOTARY PUBLIC (SEAL)  
State of Florida at Large

My Commission Number/Expires:



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

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Pursuant to the provisions of Section 607.0501 05 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement tin designating the registered office/registered agent, in the state of Florida:

1. The name of the corporation is LEUKEMIA PATIENT & FAMILY ASSISTANCE FOUNDATION, INC.

**ACKNOWLEDGMENT:**

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

TIMOTHY R. FIEDLER, Esq.  
505 E. New York Ave.  
DeLand, FL 32724

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 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.

Signature: \_\_\_\_\_

TIMOTHY R. FIEDLER

Date: 12-5-07

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