

APR 1 2008 12:12PM CAPITAL CONNECTION NO 5488 P. 1
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6361

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR - 1 A 9 58

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FLORIDA PROFIT/NON PROFIT CORPORATION

PINK ORCHID FOUNDATION, INC.

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DIVISION OF CORPORATION

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2008

**ARTICLES OF INCORPORATION
FOR
PINK ORCHID FOUNDATION, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation is **PINK ORCHID FOUNDATION, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1111 - Third Ave West, Bradenton, FL 34205.

ARTICLE III: PURPOSE

The specific nature of business for this not for profit corporation is to provide patients and survivors of breast cancer opportunities to nurture themselves, before, during and after the healing process.

ARTICLE IV: QUALIFICATION

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and agent of the corporation is **James D. Carter, Jr., 1111 Third Avenue West, Suite 150, Bradenton, FL 34203.**

ARTICLE VI: OFFICERS AND DIRECTORS

The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as Officers and Directors are:

Kevin Campbell, Director, 1178F River Hwy, Mooresville, NC 28117

Rebecca Duggan, Director, 1178F River Hwy, Mooresville, NC 28117

James Carter, Director, 1111 - Third Ave West, Bradenton, FL 34205

ARTICLE VII: NON-STOCK BASIS

The corporation is organized under a non-stock basis.

ARTICLE VIII: DISSOLUTION

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

ARTICLE IX: CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.


ARTICLE X: AMENDMENTS

The corporation reserves the right to amend or repeal any provisions of these Articles of Incorporation, or any amendment(s) thereto.

ARTICLE XI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301.

The undersigned incorporator has executed these Articles of Incorporation this 1st day of April 2008.
"Your Capital Connection, Inc. by Weimar Lopez, Client Representative"



APR. 1. 2008 12:13PM
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CAPITAL CONNECTION

NO. 5499 P. 5

FILED
2008 APR - 1 A 9 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

3. The name of the corporation is: PINK ORCHID FOUNDATION
4. The name and street address of the registered agent and office is:

James D. Carter, Jr.
1111 Third Avenue West, Suite 150
Bradenton, Florida 34205

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.


Registered Agent

STATE OF FLORIDA
COUNTY OF MANATEE

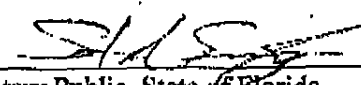
BE IT KNOWN, that on the 26 day of March, 2008, before me, a Notary Public in and for the State of Florida, duly commissioned and sworn, dwelling in the County of Manatee, personally came and appeared JAMES D. CARTER, JR., to me personally known or identified by _____ (I.D.) to be the person described in and who executed the foregoing document.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

(SEAL)



Stanley R. Swartz
Commission # DD455587
Expires September 30, 2009
Revised Tray File - Insurance, Inc. 800-344-7018


Notary Public, State of Florida
(Printed) _____

My Commission Expires:

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