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(Requestor's Name)	
(Address)	50013619692
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(City/State/Zip/Phone #)	
(Business Entity Name)	09/25/0801006012 *
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: <u>Matashia</u> For gave <u>AUTHORIZATION SY PHONE TO</u> CORRECT/ <u>Mucle</u> <u>IL</u> DATE <u>1/25/08</u> DOG EXAM <u>MRD</u>	08 SEP 25 PM 14: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA MRG/24
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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Cers SUBJECT:

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

Status

\$78.75Filing Fee& Certified Copy



ADDITIONAL COPY REQUIRED

FROM: Name (Printed

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with 617. F.S, (Not for Profit)

Article I. Name of the Organization

for the for the 08 SEP 25 PM 4:55 SECRETARY OF STATE TALLAHASSEE. FLORIDA

The name of the organization is The Children's Sickle Cell Alliance of Central Florida, INC

Article II. Principal Address

The principal street address and mailing address is: 4700 Millenia Blvd Suite 175, Orlando Fl 32839 Street Address : Same as above Mailing Address: Same as Above

Article III Purpose

Mission Statement

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To improve the quality of life for children diagnosed with Sickle Cell disease by addressing and providing for their emotional, educational, and social needs.

The corporation is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (C)3 of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its, members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered or to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

Article IV. Elections

Elections shall be held every two years during the month of September. All elected officials will be installed at the December meeting. Elected officials will begin their duties in January where at that time all records will be transferred to the newly elected officials. Directors shall be appointed by in the manner set forth in the bylaws. Article V. Names, Address, and title of Officers

Natashia Ford, 7006 Cardinalwood Court Orl, FL 32818 President

Turkessa Hall, 4404 Carousel Rd Orlando, Fl 32808 Vice President Thomas McPhee, P.O. Box 618757 Orlando, FL 32861 Treasurer

Article VI. Name and street address of the initial Registered Agent

Turkessa Hall 4404 Carousel Rd Orlando FL 32808

Article VII. The name and address of the Incorporator

Natashia Ford 7006 Cardinalwood Court Orlando, FL 32818

Article VIII. Dissolution of Assets

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or adequately providing for all the debts, obligations, and liabilities of the Corporation, distribute the remaining assets of the Corporation exclusively for nonprofit sickle cell purposes to such organization or organizations which are tax exempt under section 501(c)3 of the Code, as amended, as the Board of Directors in its sole discretion shall determine.

The extent of personal liability, if any, for directors, officers, or members for corporate obligations and the methods of enforcement and collection are as follows: NONE. Further, the directors and officers shall be exempt from liability and/or indemnified from costs and judgments to the full extent permitted by Florida law. In the event the Florida law is subsequently amended to authorize the further elimination or limitation of the liability of the directors and officers of the corporation in addition to the limitation on person liability provided under this Article, shall be limited to the fullest extend permitted by such later amended Florida law.

Having been named as registered 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 Agent	Date 9/1/08
Signature/Incorporator Date Malahie Joid	Date 9/1/08