

NO9000006920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

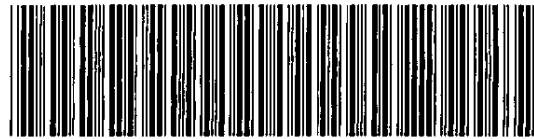
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 JUL 15 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 7/16/09

## COVER LETTER

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

**SUBJECT:** The Paired Donation Network, Inc.

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

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Elizabeth Hensley  
**Name (printed or typed)**

1655 East Highway 50, Suite 206  
**Address**

Clermont, FL 34711  
**City, State & Zip**

859-391-2977  
**Daytime Telephone Number**

ehensley@zoomtown.com  
**E-mail address: (to be used for future annual report notification)**

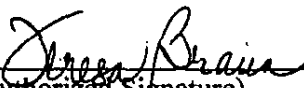
**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Teresa Braun, Executive Director  
(Name) (Title)  
of The Paired Donation Network, Inc. a foreign Corporation  
(Corporation Name)  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 20, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Cincinnati, OH / Hamilton County.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Paired Donation Network, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is The Paired Donation Network, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was  
535 Madison Avenue, Covington, KY 41011
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Exec Director, of The Paired Donation Network, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14th day of July, 2009.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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09 JUL 15 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

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09 JUL 15 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

The Paired Donation Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address shall be:

Business Address: 1655 East Highway 50, Suite 206, Clermont, FL 34711

Billing Address: P O Box 72908, Newport, KY 41072-908

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized:

1-promote paired kidney donation; 2-eliminate immune incompatibilities between donors/recipients and increase the # of patients who can benefit from living donor kidney transplantation; 3-increase awareness/acceptance of living donor kidney transplantation; 4-make available a nat'l paired donation network; 5-develop educational programs for training of transplant professionals/potential living donors

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Elected by the Executive Committee

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

David Goldfarb MD/President, Mark Aeder MD/Secretary  
E Steve Woodle MD/Treasurer, Tan Mai Lal MD/Director

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

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

Teresa Braun - Executive Director  
1655 East Highway 50, Suite 206  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Teresa Braun - Executive Director  
1655 East Highway 50, Suite 206  
Clermont, FL 34711

\*\*\*\*\*  
*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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Teresa Braun  
Signature/Registered Agent

7/14/09

Date

Teresa Braun  
Signature/Incorporator

7/14/09

Date