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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 23 AM 11:27

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AND  
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VH

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

SUBJECT: The Marguerite Hammond - Smith Magenis Syndrome Foundation, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM: The Marguerite Hammond - Smith Magenis Syndrome  
Foundation, Inc.  
19038 Narimore Dr.  
Land O Lakes, FL 34638

**ARTICLES OF INCORPORATION  
OF**

**The Marguerite Hammond - Smith Magenis Syndrome Foundation, Inc.**

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**The Marguerite Hammond - Smith Magenis Syndrome Foundation, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

Address **19038 Narimore Dr.  
Land O Lakes, FL 34638**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The corporation has been organized to provide a vehicle through which to provide research funds for the rare disease of Smith Magenis Syndrome. It also will raise funds for the care of those afflicted with the disease.**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**The Board will be determined as provided for in the by-laws.**

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

List name(s), address(es) and specific title(s):

**Strother M. Hammond, President  
19038 Narimore Dr.  
Land O Lakes, FL 34638**

**FontaineH. Ayala, V. President  
3819 Northgreen Ave., #1506  
Tampa, FL 33624**

**Leonard R. Gilman, Secretary/Treasurer  
20 Bellevue Dr.  
Treasure Island, FL 33706**

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

The name and Florida street address of the registered agent is:

Address **Strother Hammond  
19038 Narimore Dr.  
Land O Lakes, FL 34638**

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Address **Strother Hammond  
19038 Narimore Dr.  
Land O Lakes, FL 34638**

**ARTICLE VIII INCORPORATOR - REQUIREMENTS UPON DISSOLUTION OF ORGANIZATION**

a. Said organization is organized exclusively for charitable, religious, educational, and scientific 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 corresponding section of any future federal tax code.

b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal code.

c. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, for a public purpose. Any such assets not disposed of by the Court of Common Pleas of the county in which the principle office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

\*\*\*\*\*

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.

 8-4-2011  
Signature/Registered Agent Date

 8-4-2011  
Signature/Incorporator Date

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State Florida

1. The name of the corporation is:

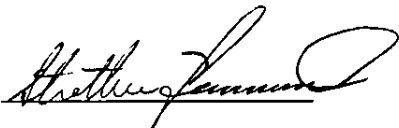
**The Marguerite Hammond - Smith Magenis Syndrome Foundation, Inc.**

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

**Strother Hammond  
19038 Narimore Dr.  
Land O Lakes, FL 34638**

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.

SIGNATURE



DATE

8-4-2011