MOO/6BC**Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000041202 3))) H160000412023ABCQ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Jeneratic: Division of Corporations \overline{a} FE8 Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC Account Number : I2000000019 AHII Phone ; (305)552-5973 Fax Number : (305)675-5944 ຝ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION ALLIANCE BLOOD FOUNDATION CORP Certificate of Status Û ch 100 Certified Copy 1 2 Page Count Estimated Charge \$78.75 2: .a..... († (†) Corporate Filing Menu Help Electronic Filing Menu

FEB 1 8 2016

1. 1. j.	، ۱		•						οių.			
12/29/203	3 06:32	*6	÷	Ø.	÷: {			۲		#4984	P.002/0	04
								160	0004	, 120	2	
•		•	4				·					
4	•	į.	-									
ć												
	*											
Flori	da Depar	tment of	State									
A ** > -	tion. M	, Tiloco (
		v Filings S										
		iy cònceri					•			400		C
This	is to advis	se you tha	it the own	ers of <u>A</u>	Hlia	nce	Blo	ad t	oundo	of Doc	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	-
<u> </u>	\overline{CO}	$\alpha \alpha \nu$	277 dissolved	L are the	e same o	whers c	or the au	lached a	rticles of	t it. Than	k	
		elp in this			·				•			
							Verv S	Sincerely	ν.			
								•				
								Ju o		- 0	nait	<u> </u>
								VILLE	XKI	$\underline{\circ}$	ecr	rorg
	4											
-												
• • • •						•						
							د و ر					
				,	4		H	160	0004	12 ח	2	
										-~ 0	4	

1

· · · · · · · · · · ·

12/29/2033 06:32		14984 P. 003/004
ARTICLES OF INCORPORATION H In compliance with Chapter 617, F.S., (Not for Profit)	160000	4 12 02
ARTICLE 1 NAME The name of the corporation shall be: <u>Allique Blood</u> Fo	sundat	ion corp
ARTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address: <u>9756 SWZYS</u> + <u>9756</u>	ress, if different is: $5(2) - 2$	
Miami FL 33165 Miam	i FL	33165
ARTICLE III PURPOSE		16 F
The purpose for which the corporation is organized is:		<u> </u>
THE PURPOSE FOR which the CORPORATION — ORGANIZED is EXCLUSIVELY FOR CHARITABLE — THE MAKING OF DISTRIBUTIONS TO OR — THAT QUALIFY AS EXEMPT ORGANIZAT — SECTION 501 (C)(3) OF INTERMAL GEVEL	ion is e purpos ganizati	
- THAT QUALITY as EXEMPT Organizat	tons un	der 3
		<u> </u>
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected by 1945	ed and appointed:	<u>Sy</u> the
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: WILDERT BECKFORD (P)		
Address 9756 SW 24St		-
Miami FL 33165		-
Name and Title: Marianela Collazo Fernand	ez (V	<u>P</u>)
Address <u>9756 Sw 24 St</u>		-
Migmi FL 33145		-
Name and Title: BODERT MCKIE(T)		
Address 9756 Sw 245t		
Miami FL 33145		_
·	·····	-
	HIGAN	041208
		V V V L VB

3/2033 06:3	2		·	H 1	6000	0412	P. 004/00 . 02
iame and Title:			_ Name and Title:		<u></u>		
ddrcss			_ Address:				
ame and Title:			Name and Title:	····· ···· ·			
ddress				<u> </u>			
PT101 E 11	PFGIOTEPPD A	(JENT					
h c <u>name and Flo</u> Name:	Wilbert			_			
he <u>name and Flo</u> Name: Address: RTICLE VII	ida street address (Wilber 9156 MiQM INCORPORATO	P.O. Box NOT acc Beckf Sw Z I FL R for is:	ford <u>+ s</u> + 3314	5			
Name: Address: ARTICLE VII	Milbert Milbert Milbert Milam	P.O. Box NOT acc $\frac{Beckf}{Sw}$ Z ^s f FL f FL r H Be	ford <u>t st</u> 3314 eckford	5			
he <u>name and Flo</u> Name: Address: ARTICLE VII The <u>name and ad</u>	ida street address (Wilber 9156 MiQM INCORPORATO	P.O. Box NOT acc $\frac{Beckf}{Sw}$ Z. $\frac{1}{FL}$ 1	<u>ford</u> <u>+ s</u> + 3314	5			
he <u>name and Flo</u> Name: Address: Address: Mame: Address: Having been non	rida street address (Wilbert 9156 MiQM INCORPORATO INCORPORATO Incorport Wilbe 915(MiGM	P.O. Box NOT acc $\frac{Beckf}{Sw}$ Sw 2° f FL R tor is: r + Br 2 Sw f FL nt to accept service	ford <u>+ s+</u> <u>- 3314</u> <u>eckford</u> <u>24s+</u>	S ove stated corpo	ration at the his capacity	e place desig	nated in thi

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felone as provided for in s.817.155, F.S.

Signature of Incorporator

1 . . . **.**

1

2-17-16

Date

H16000041202