

**N19000004531**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**FRIENDS OF THE UNIVERSITY OF MIAMI DEPT OF CHEMISTRY**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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MAY 1 2019

2019 APR 30 PM 1:55

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

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**ARTICLE I NAME**The name of the corporation shall be: Friends of the University of Miami Dept of Chemistry, INCSECRET  
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

335 Palermo Ave, Coral Gables, FL 33143**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Spread awareness and raise funds for the University of Miami  
Department of Chemistry**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY THE BYLAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Herb R. Borroto - President Name and Title: \_\_\_\_\_Address: 335 Palermo Avenue Address: \_\_\_\_\_Coral Gables, FL 33134Name and Title: Michael Gold, MD - Vice President Name and Title: \_\_\_\_\_Address: 780 Elysian Way Address: \_\_\_\_\_Deerfield, IL 60015

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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\_\_\_\_\_

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

Name: Herb R. Borrato  
Address: 355 Palermo Avenue  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Herb R. Borrato  
Address: 355 Palermo Avenue  
Coral Gables, FL 33134

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

  
\_\_\_\_\_  
Required Signature of Registered Agent

April 30, 2019  
Date

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 felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature of Incorporator

April 30, 2019  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA