

TRANSMITTAL LETTER

N95000000039

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

5000001359595
-12/21/94--01143--002
*****52.50 *****52.50

SUBJECT: Sicklele Cell Awareness Foundation Found
(Proposed corporate name - must include suffix)

5000001359595
-12/21/94--01143--003
*****26.00 *****26.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for : 78.50

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Benjamin F. & Lucie B. Allen
Name (Printed or typed)

5811 FALWY 22 lot 36
Address

PANAMA CITY, FL 32401
City, State & Zip

1-904-874-9429
Daytime Telephone number

FILED
95 JAN -4 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suffer
Name

W94-27252

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 27, 1994

BENJAMIN F. ALLEN
5811 EAST HIGHWAY 22
LOT 36
PANAMA CITY, FL 32401

SUBJECT: SICKLE CELL AWARENESS *Corporation*
Ref. Number: W94000027258

We have received your document for SICKLE CELL AWARENESS *Corporation* and check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The corporate name must be identical throughout the document.

NOTE*** COMPARE THE NAME LIST IN ARTICLE 1 AND THE NAME ON THE CERTIFICATE LISTING THE REGISTERD AGENT NAME. (LAST PAGE)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 794A00054366

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617 Florida Statutes, adopt(s) the following Articles of Incorporation:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the corporation shall be: *Sickle Cell Awareness Corporation*

ARTICLE II

Principal place of business and mailing address

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

*5811 E. Hwy 92 lot 36
Panama City, FL 32401*

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are): *To provide: Public Education Program to increase awareness of the facts about the sickle cell conditions and to keep health care providers, patients, families of patients, and other interested parties informed about the latest developments in treatment of Sickle Cell Anemia.*

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

outlined in by-laws section 5.01

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

Initial registered agent and street address

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

BENJAMIN F. & OCIE B. ALLEN
5811 E. HWY 90 Lot 36
Panama City, FL 32401

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

BENJAMIN F. & OCIE B. ALLEN
5811 E. HWY 90 Lot 36
Panama City, FL 32401

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 07 day of DECEMBER, 194.

Signature(s) of Incorporator(s):

Benjamin F. Allen

Benjamin F. Allen

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 OF FLORIDA.

1. The name of the corporation is: Sickle Cell Awareness SS
(must include suffix)

Corporation

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

Benjamin F. Allen
(Name)

5811 E. HWY 27 lot 36
(Street address - P. O. Box not acceptable)

Panama City, FL 32401
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

Benjamin F. Allen
(Signature)

12/07/94
(Date)