

795000003485

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

95

RE: Delaware Report To plant

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 PM 3:52

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Carrier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

0000015-11110
-07/24/95-01072-011
****122.50 ****122.50

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____
BY APC CK No. _____

WALK-IN Will Pick Up 7:27

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 PM 3:52

OF

NATIONAL BREAST IMPLANT TASK FORCE, INC.

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation is NATIONAL BREAST IMPLANT TASK FORCE, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 210503, West Palm Beach, FL 33421.

ARTICLE III: PURPOSE

The National Breast Implant Task Force is a non-profit nationwide organization dedicated to aid women and their families affected by silicone enhanced diseases. Our primary concern is to provide a forum in which members can secure and exchange information.

ARTICLE IV: QUALIFICATION

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and agent of the corporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The number of persons constituting the Board of Directors of the corporation is three (3) initially. The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as a member of the initial Board of Directors is:

Janice Ferriell 2019 Henley Place, W. Palm Beach, FL 33421

Martha L. Stanek 1701J Yellowstone Ct., Gastonia, NC 28054

Patti Scher 124 Sardis Rd North, Charlotte, NC 28054

ARTICLE VII: NON-STOCK BASIS

The corporation is organized under a non-stock basis.

ARTICLE VIII: DISSOLUTION

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

ARTICLE IX: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

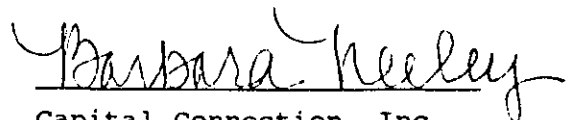
ARTICLE X: AMENDMENTS

The corporation reserve the right to amend or repeal any provisions of these Articles of Incorporation, or any amendment(s) thereto.

ARTICLE XI: CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

The undersigned incorporator has executed these Articles of Incorporation this 24th day of July, 1995.

A handwritten signature in cursive script that reads "Barbara Neeley". The signature is written in dark ink and is positioned above the printed name and title.

Capital Connection, Inc.

Barbara Neeley - President
Incorporator

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

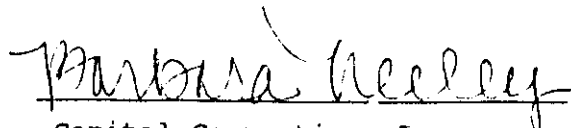
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Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is **NATIONAL BREAST IMPLANT TASK FORCE, INC.**

2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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.



Capital Connection, Inc.

Barbara Neeley - President

Date: July 24, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N950000003485

National Breast Implant Task Force, Inc.

FILED

96 DEC -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/06/96--01009--006

****236.25 ****236.25

REINSTATEMENT 96

July 24, 1995

Please: addresses are incorrect in any way, use through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable

2019 Henley Place

Suite Apt. # Etc.

2. New Mailing Address, If Applicable

2019 Henley Place

Suite Apt. # Etc.

4. Date Incorporated or Organized
To Do Business in Florida

5. FEI Number

65-0638105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

City & State
Wellington, Florida

33414

Country
U.S.

City & State
Wellington, Florida

Zip
33414

Country
U.S.

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name

Name of Officer
and/or Directors

3

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

P/D Janice Ferriell

2019 Henley Place

Wellington, Florida 33414

O/VP KATHY JOHNSTON 1906 GRANT LANE COLUMBIA, MISSOURI 65203
D/SEC. KATHYRN JOHNSON 1109 Mesquite Lane HOUSTON, TEXAS 77521

8. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 E. Virginia St.
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Janice Ferriell

Street Address (P.O. Box Number is Not Acceptable)

2019 Henley Place

Suite Apt. # Etc.

City

Wellington,

State

FL

Zip Code

33414

Being appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Janice Ferriell
REGISTERED AGENT MUST SIGN

Date Oct. 19, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

I hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I understand that the Florida Department of State has no liability for non-compliance with Section 119.07(3)(k), in the event that the information supplied is deemed exempt from public access. I further certify that when filing this application and upon the filing of the application, the corporate name satisfies the requirements of section 607.0401 or 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made by the corporation.

SIGNATURE:

Janice Ferriell
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pro. Oct 6, 1996 561-791-2625
Date Daytime Phone