

N970000006309

KIDNEY KIDS OF CENTRAL FLORIDA

Post Office Box 616571  
Orlando, Florida 32861

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed for filing please find the Articles of Incorporation and Designation of Registered Agent for Kidney Kids of Central Florida, Inc., a non-profit corporation. Would you please furnish us with a Certificate of Status? A check for 78.75 for the filing fees and Certificate of Status fee is enclosed herewith, as is a self-addressed, stamped envelope.

Should you have any questions, please contact me at 5 Springwood Trail, Ormond Beach, Florida 32174 or call me at (904)677-5506. Thank you.

Very truly yours,



DELIA DOYLE BOEHM

Registered Agent, Vice-President-Kidney Kids of Central Florida

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me 11/7/97

**ARTICLES OF INCORPORATION  
OF  
KIDNEY KIDS OF CENTRAL FLORIDA, INC.**

**ARTICLE I-NAME**

The name of this corporation is Kidney Kids of Central Florida, Inc.

**ARTICLE II-ADDRESS**

The headquarters and initial principal office of the corporation shall be 423 Alston Drive, Orlando, Florida 32835. The mailing address of the corporation shall be P.O. Box 616571, Orlando, Florida 32861.

**ARTICLE III-PURPOSE**

The corporation is formed for charitable and educational purposes within the meaning of Internal Revenue Code Section 501(c)(3), as said purposes relate to kidney patients, their families and the provision of educational programs for the public. All assets of the corporation shall be dedicated to said purposes. In the event of dissolution of the corporation, its assets shall be distributed to another organization with similar purposes that is exempt under IRC Sec.501(c)(3).

**ARTICLE IV-BOARD OF DIRECTORS**

The corporation shall have four Directors constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the bylaws.

The names and addresses of the initial Board of Directors of the corporation are:

Linda Buslovich, 423 Alston Dr., Orlando, Florida 32835

Faye Woolery, 329 Blue Bayou Dr., Kissimmee, Florida 34743

Paul Woolery, 329 Blue Bayou Dr., Kissimmee, Florida 34743

Delia Doyle Boehm, 5 Springwood Trail, Ormond Beach, Florida 32174

The members of the Board of Directors shall be elected at the annual meeting of the corporation by a majority of members of the organization for the term of one year. They shall serve said term until their successors have been duly elected.

**ARTICLE V-INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the corporation's initial registered office shall be 5 Springwood Trail, Ormond Beach, Florida 32174. The registered agent at said address is Delia Doyle Boehm.

**ARTICLE VI-NAME AND ADDRESS OF EACH INCORPORATOR**

The names and address of the incorporators signing these Articles are:

Linda Buslovich, 423 Alston Dr., Orlando, Florida 32835

Faye Woolery, 329 Blue Bayou Dr., Kissimmee, Florida 34743

Paul Woolery, 329 Blue Bayou Dr., Kissimmee, Florida 34743

Delia Doyle Boehm, 5 Springwood Trail, Ormond Beach, Florida 32174

## ARTICLE VII-INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

## ARTICLE VIII-AMENDMENT

The corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors.

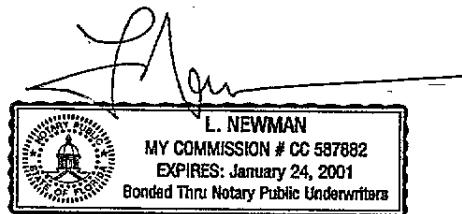
IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 21<sup>st</sup> day of October, 1997.

Linda Buslovich  
LINDA BUSLOVICH

Faye Woolery  
FAYE WOOLERY

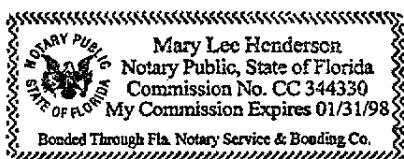
Paul Woolery  
PAUL WOOLERY

Delia Doyle Boehm  
DELIA DOYLE BOEHM



STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this 21 day of October, 1997, by LINDA BUSLOVICH, incorporator, who is personally known to me or who has provided \_\_\_\_\_ as identification and who did take an oath.



Mary Lee Henderson  
NAME:  
NOTARY PUBLIC  
My commission expires:

STATE OF FLORIDA  
COUNTY OF

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of October, 1997, by FAYE WOOLERY, incorporator, who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.



ELAINE M MCGOWAN  
My Commission CC473478  
Expires Jun. 19, 1999  
Bonded by HAI  
800-422-1555

Elaine M. McGowan

NAME:

NOTARY PUBLIC

My commission expires: 6-19-99

STATE OF FLORIDA  
COUNTY OF

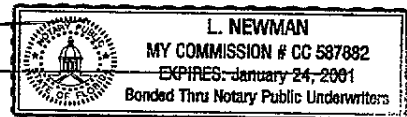
The foregoing instrument was acknowledged before me this 27 day of October, 1997, by PAUL WOOLERY, incorporator, who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.

L. Newman

NAME

NOTARY PUBLIC

My commission expires:



STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of November, 1997 by DELIA DOYLE BOEHM, incorporator, who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.

John Richard Boehm

NAME

NOTARY PUBLIC

My commission expires:



John Richard Boehm  
MY COMMISSION # CC579976 EXPIRES  
August 27, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.  
MY COMMISSION # CC579976 EXPIRES  
August 27, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

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

Pursuant to the provisions of Section 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.

The name of the non-profit corporation is Kidney Kids of Central Florida, Inc.

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

Delia Doyle Boehm  
5 Springwood Trail  
Ormond Beach, Florida 32174.

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

11-4-97