

N970000006654

TRANSMITTAL LETTER

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

SUBJECT: The Leukemia Association Inc.  
(Proposed corporate name - must include suffix)

900002355669--0  
-11/24/97--01124--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michael Williams  
Name (Printed or typed)

8222 Wiles Rd #160  
Address

Coral Springs Fl. 33067  
City, State & Zip

954-341-6836  
Daytime Telephone number

FILED  
97 NOV 24 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

44-11/26/97

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

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

## ARTICLE I NAME

The name of the corporation shall be:

The Leukemia Association Inc.

## ARTICLE II PRINCIPAL OFFICE

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

8222 Wiles Rd. #160  
Coral Springs, Fl. 33067

## ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

Raise funds to be used for: Public awareness of the disease  
Research to cure Leukemia  
Benefit those afflicted by the disease

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

refer to by-laws

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael Williams  
4710 Chardonnay Dr  
Coral Springs, Fl. 33067

## ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Michael Williams  
4710 Chardonnay Dr.  
Coral Springs, Fl. 33067

Michael Williams

Signature/Incorporator

11-18-97

Date

(An additional article must be added if an effective date is requested.)

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.

Michael Williams

Signature/Registered Agent

11-18-97

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 NOV 24 PM 2:43

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