N98000004772

TRANSMITTAL LETTER

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

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-08/17/98--01117--018
****131.25 ****131.25

SUBJECT: Ira Shafran M.D. Crohn's Disease Research Inc.
(Proposed corporate name - must include suffix)

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: Ira Shafran M.D.
Name (Printed or typed)

2501 N. Orange Ave. #405
Address

Orlando FL. 32804
City, State & Zip

(407) 896-4775
Daytime Telephone number

FILED
98 AUG 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

per Dr. Shafran, she'd have M.D. in corp. name.

TA - 8/19/98

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:

Ira Shafran M.D. Crohn's Disease Research Inc.

ARTICLE II PRINCIPAL OFFICE

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

2501 N. Orange Avenue Suite 405 Orlando, FL. 32804

ARTICLE III PURPOSE(S)

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

Medical research leading to the discovery of a cure for Crohn's Disease.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

According to the by/laws

FILED
98 AUG 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ira Shafran M.D.
2501 N. Orange Ave #405
Orlando, FL. 32804

ARTICLE VI INCORPORATOR

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

Ira Shafran M.D. 2501 N. Orange Ave #405
Orlando, FL. 32804

Ira Shafran M.D. _____ 8.14.98

Signature/Incorporator **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.

I. Shafran M.D. _____ 8.14.98

Signature/Registered Agent **Date**