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-10/27/99--01005--003  
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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Ben Z. Grenall Foundation Inc.

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☐ ARTICLES ONLY

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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

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FILED

99 OCT 26 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_

TS 10/26/99

**ARTICLES OF INCORPORATION  
OF  
BEN Z. GRENALD FOUNDATION CO.**

**FILED**  
99 OCT 26 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE ONE**

The name of the corporation is Ben Z. Grenald Foundation Co..

**ARTICLE TWO**

The principal place of business and mailing address of this corporation shall be 1800 Northeast 114 Street, Suite 2010, North Miami, Florida 33181.

**ARTICLE THREE**

The purpose for which the corporation is organized is for a charitable fund raising organization specializing in the awareness, research, and development for the therapy, care, and cure of the macular degeneration dysfunction, a cause of permanent blindness and all others.

**ARTICLE FOUR**

The manner in which the directors are elected or appointed shall be stated in the By-Laws.

**ARTICLE FIVE**

The address of its registered office in Florida is 1800 Northeast 114 Street, Suite 2010, North Miami, Florida 33181, and the name of the registered agent at such address is Shaun K. Grenald.

## **ARTICLE SIX**

**The names and addresses of the initial directors are:**

**Tiffany N. Stettner  
P. O. Box 452  
Santa Monica, California 90406**

**Norman H. Stettner  
3115 Westerland Drive  
Houston, Texas 77063**

**Brett S. Stettner  
9423 Fairdale  
Houston, Texas 77063**

**Shaun K. Grenald  
1800 Northeast 114 Street, Suite 2010  
North Miami, Florida 33181**

## **ARTICLE SEVEN**

**The name and address of the incorporator is:**

**Jennifer Kilibarda  
Blumberg *Excelsior Corporate Services, Inc.*  
814 San Jacinto Boulevard, Suite 409  
Austin, Texas 78701**

**Signed this 22nd day of September, 1999.**



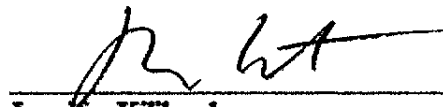
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**Jennifer Kilibarda,  
Incorporator**

**DISCLAIMER**

The undersigned, being the incorporator of Ben Z. Grenald Foundation Co., a corporation filed by the Secretary of State of the State of Florida, does hereby disclaim any and all interest in said corporation.

Signed this 22nd day of September, 1999.

A handwritten signature in black ink, appearing to read 'JKL' followed by a stylized flourish.

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Jennifer Kilibarda,  
Incorporator

# **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.

1. The name of the corporation is:

BEN Z. GRENALD FOUNDATION CO.  
(must include suffix)

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

Shaun K. Grenald  
(NAME)  
1800 Northeast 114 Street, Suite 2010  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
North Miami, Florida 33181  
(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.*

  
(SIGNATURE)

10/11/99  
(DATE)