N13000005038

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000118547 3)))

H13000118547ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
13 MAY 29 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
BLOOD FOR LIFE BLOOD CENTER, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
13 MAY 29 PM 1:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

E 05/30/13

Electronic Filing Menu Corporate Filing Menu Help

H13000118547

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Blood for life Blood Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

130 sw 130 Ave

Miami, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Blood Bank Donation

13 MAY 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By the By laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lincoln Diaz (P)

Address: 130 sw 130 ave
Miami, FL 33184

Name and Title: Lisset Roman (VP)

Address: 130 sw 130 ave
Miami, FL 33184

Name and Title: Gladis Borges (S)

Address: 130 sw 130 Ave
Miami, FL 33184

Name and Title:

Address:

Name and Title:

Address:

H13000118547

H13000118547

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Lincoln Diaz

Address: 130 SW 130 Ave

Miami, FL 33184

ARTICLE VII INCORPORATOR

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

Name: LINCOLN DIAZ

Address: 130 SW 130 Ave

Miami, FL 33184

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

LD

Required Signature of Registered Agent

05/29/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LD

Required Signature of Incorporator

05/29/13

Date

13 MAY 29 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H13000118547