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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

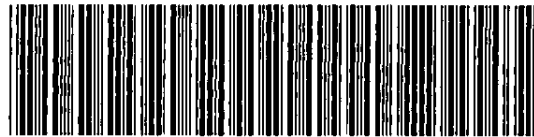
(Document Number)

Certified Copies _____

Certificates of Status _____

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06/26/09--01038--007 **87.50

07/30/09--01003--001 **4490.00

W09-30077

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2009 JUL 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 30 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BloodCenter of Wisconsin, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lynne LeMense
Name of Person

BloodCenter of Wisconsin, Inc.
Firm/Company

Director of Lean and Quality, Diagnostic Laboratories

638 N. 18th Street
Address

Milwaukee, WI 53201
City/State and Zip Code

Lynne.LeMense@bcw.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerri Markowski at (414) 937-6383
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2009

LYNNE LEMENSE
638 N 18TH STREET
MILWAUKEE, WI 53201

SUBJECT: BLOODCENTER OF WISCONSIN, INC.
Ref. Number: W09000030077

We have received your document for BLOODCENTER OF WISCONSIN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$8,490.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 209A00022215



*Doing more good
than you know*

July 24, 2009

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

**Blood Services
Medical Services
Diagnostic Laboratories
Blood Research Institute**

Re: Ref. Number: W09000030077

Dear Mr. Burch:

Thank you for taking the time to speak with me regarding our application for a Foreign Not-for Profit corporation certificate on July 21. As discussed, our penalty fine was graciously reduced by you from \$8000 to \$4000. The past fees of \$490 remain and thus our new total is \$4,490.

Enclosed are:

- Check for \$4490.00
- A copy of the letter sent from the Division of Corporations on 6-29-09

Please note that on our original cover letter submitted by us to the Division of Corporations had our street address with our PO zip code. Our correct mailing address is:

BloodCenter of Wisconsin
P.O. Box 2178
Milwaukee, WI 53201-2178

Please contact me if you need any additional information.

Sincerely,

Lynne R. LeMense, MT(ASCP)SBB
Director of Lean & Quality
Diagnostic Laboratories
BloodCenter of Wisconsin
Direct dial: 800-245-3117, ext. 6403
Internet: Lynne.LeMense@bcw.edu

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. BloodCenter of Wisconsin, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Wisconsin 3. 39-0807235
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 16, 1946 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 11, 2001
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. BloodCenter of Wisconsin, Inc. 638 N. 18th Street Milwaukee, WI 53201
(Principal office address)

BloodCenter of Wisconsin, Inc. P.O. Box 2178 Milwaukee, WI 53201
(Current mailing address)

8. Clinical Laboratory Testing
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

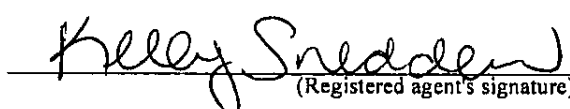
Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Kelly Snedden
Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael White

Address: 638 N. 18th Street

Milwaukee, WI 53201

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jackie Fredrick

Address: 638 N. 18th Street

Milwaukee, WI 53201

Vice President: Jerome Gottschall, M.D. and Jeffrey Allen, Chief Financial Officer

Address: 638 N. 18th Street

Milwaukee, WI 53201

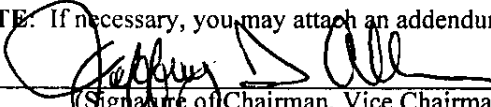
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

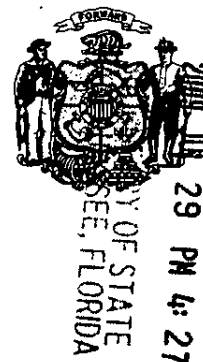
14. Jeffrey D Allen SVP & CFO
(Typed or printed name and capacity of person signing application)

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2009 JUL 29 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOM
180 181 183

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

BLOODCENTER OF WISCONSIN, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 16, 1946.

I further certify that the following charter documents have been duly filed with this department for said corporation, namely; the aforementioned Articles of Incorporation filed September 16, 1946 under the name JUNIOR LEAGUE BLOOD CENTER OF MILWAUKEE; an Amendment filed July 22, 1954 changing the name to MILWAUKEE BLOOD CENTER, INC.; Restated Articles of Incorporation filed April 5, 1976; Amendments filed May 30, 1979 changing the name to THE BLOOD CENTER OF SOUTHEASTERN WISCONSIN, INC.; May 23, 2005 changing the name to the present name of BLOODCENTER OF WISCONSIN, INC.; and that these are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on June 18, 2009.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: