

Division of Corporations

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**L0000000/6034****Florida Department of State**

Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

AL

To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

1-1-01

**LIMITED LIABILITY COMPANY****Autologous Blood Specialties LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Autologous Blood Specialties LLC**

## ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**108 CAMELOT CIRCLE  
PANAMA CITY, FL 32405**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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


**LINDA L. FULLET**

Name

**108 CAMELOT CIRCLE**(P.O. Box or Mail Drop Box **NOT** Acceptable)**PANAMA CITY, FL 32405**

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature - **LINDA L. FULLET**

## ARTICLE IV - Management ( Check box if applicable )

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**LINDA L. FULLET**

Typed or printed name of signee

ARTICLE V - The future existence date of this Limited Liability Company is: **January 1st 2001**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONSEFFECTIVE DATE  
1-1-01