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Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
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LIMITED LIABILITY COMPANY

HEMACON LABORATORIES, LLC

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(H05000072141)

**ARTICLES OF ORGANIZATION  
OF  
HEMACON LABORATORIES, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**HEMACON LABORATORIES, LLC**

**ARTICLE II: - Address**

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

1221 N.W. 13<sup>th</sup> Street  
Gainesville, Florida 32601

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

American Information Services, Inc.  
One Southeast Third Avenue  
Suite 2800  
Miami, Florida 33131

*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.*

American Information Services, Inc.

By: *Nery C. Toledo*  
Nery C. Toledo, Assistant Secretary  
Registered Agent

*Marshall R. Burack*  
Marshall R. Burack, Esq.  
Authorized Representative of a Member

Signed and dated this 23<sup>rd</sup> day of March, 2005.

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