

L21000099078Florida 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.

(((H21000095762 3)))



H210000957623ABC%

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 : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: justin@organabio.comFLORIDA LIMITED LIABILITY CO.
HEMACENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JSK 3/10/21

Electronic Filing Menu

Corporate Filing Menu

Help

2021 MAR -9 PM 4:30

2021 MAR -9 PM 3:14

RECEIVED

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

**ARTICLES OF ORGANIZATION
OF
HEMACENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is HemaCenter, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 7800 S.W. 57th Avenue, Suite 225, Miami, Florida 33143.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

<u>Name</u>	<u>Address</u>
Michael I. Keyes	150 W. Flagler Street Suite 2200 Miami, FL 33130

2022 MAR - 9 PM 14:36
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 9th day of March 2021.

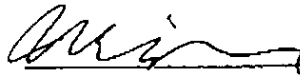


Michael I. Keyes,
Authorized Representative

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for HemaCenter, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated: March 9, 2021



Michael I. Keyes,
Registered Agent

2021 MAR -9 PM 4:36
4111 MARSHALL BLVD
TALLAHASSEE, FL 32309