

Document Number Only

L9900000 1470

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600002807906--3

-03/16/99--01077--003

*****52.50 *****52.50

600002807906--3

-03/16/99--01077--004

****285.00 ****285.00

Amex Plasma Central, L.L.C.

☐ Profit

☐ NonProfit

☒ Limited Liability Co. *Articles*

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other UCC Filing

☐ Change of R.A.

☐ Fic. Name

☒ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name	<i>OK 3-16</i>
Availability	
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Verifier	<i>OK</i>
Acknowledgment	<i>OK</i>
W.P. Verifier	<i>OK</i>

PLEASE RETURN EXTRA COPIES
FILE STAMPED

TO

JEFFREY D. BUTTERFIELD

RECEIVED
99 MAR 16 AM 11:23
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amax Plasma Central, L.L.C.

ARTICLE II - Address:

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

177 US Highway One, Suite 285, Tequesta, Florida 33469

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

A term of 50 years.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Joseph Russo

177 US Highway One, Suite 285, Tequesta, Florida 33469

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Members shall be admitted upon unanimous consent of existing members.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 16 PM 1:03

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Vested in the membership.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Amax Plasma Central,
L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.



Signature of a member or an authorized representative of a member.

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

Joseph Russo

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 16 PM 1:03

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Amax Plasma Central, L.L.C.

2. The name and address of the registered agent and office is: ..

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

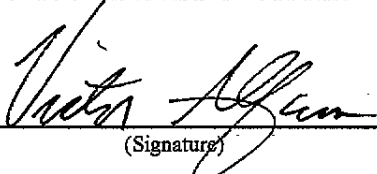
Plantation, Florida 33324

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 16 PM 1:03

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.

C T CORPORATION SYSTEM



(Signature)

March 8, 1999

(Date)

VICTOR ALAMO, ASST SECY

FILING FEE: \$ 35 for Designation of Registered Agent