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(Requestor's Name)

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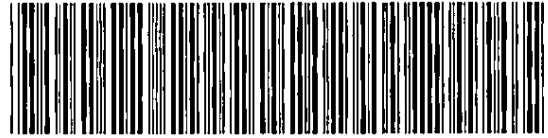
(Business Entity Name)

(Document Number)

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Hall, Render, Killian, Heath & Lyman, PLLC
Columbia Center, 201 West Big Beaver Road, Suite 1200
Troy, MI 48084
<http://www.hallrender.com>

Christina M. Torossian
(248) 457-7806
ctorossian@hallrender.com

July 24, 2017

VIA UPS OVERNIGHT

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Hema-Solutions, L.L.C.

Dear Sir or Madam:

Enclosed for filing are the following documents in connection with Hema-Solutions, L.L.C.:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certified Certificate of Good Standing for Hema-Solutions, L.L.C. from the state of organization, Michigan; and
4. Check made payable to Florida Department of State in the amount of \$1,041.25 (\$100.00 for the Filing Fee for Application, \$25.00 for Designation of Registered Agent, and \$916.25 as payment of civil penalty for transacting business in Florida without a certificate of authority).

Please send the letter of acknowledgement to me at the following address:

Christina M. Torossian, Esq.
Hall Render Killian Heath & Lyman
201 W. Big Beaver, Suite 1200
Troy, MI 48084

If you have any questions or need anything further, please do not hesitate to contact me at 248-457-7806.

Sincerely,

Hall, Render, Killian, Heath & Lyman, PLLC

A handwritten signature in black ink, appearing to be 'C. Torossian', written over a horizontal line.

Christina M. Torossian

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEMA-SOLUTIONS, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chester F. Czaplicka

Name of Person

Hema-Solutions, L.L.C.

Firm/Company

31330 Schoolcraft Road, Suite 200

Address

Livonia, MI 48150

City/State and Zip Code

cczaplicka@ccsperfusion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chester F. Czaplicka

734

525-9712 ext 104

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HEMA-SOLUTIONS, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Michigan

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1504893

(FEI number, if applicable)

4. 2014

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 31330 Schoolcraft Rd
Livonia, MI 48150

(Street Address of Principal Office)

6. Same

(Mailing Address)

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

Name: Bill Cohen

Office Address: 6899 Viento Way
Boca Raton

Florida 33433

(City)

(Zip code)

Registered agent's acceptance:

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 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.

Bill Cohen

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

CEO

Name and Address:

Christopher Czaplicka
31330 Schoolcraft Rd
Livonia, MI 48150

Title or Capacity:

Name and Address:

Vice President
Ch

Patricia Farrell
31330 Schoolcraft Rd
Livonia, MI 48150

(Use attachments if necessary)

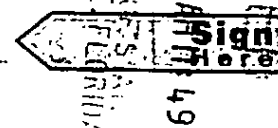
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

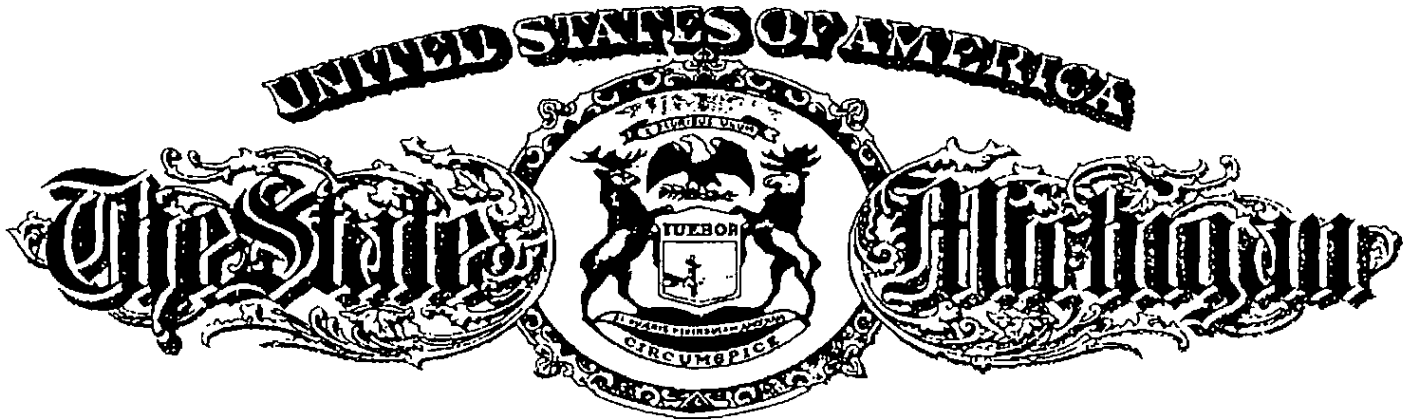
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Christopher Czaplicka

Typed or printed name of signer





Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HEMA-SOLUTIONS, L.L.C.

was validly organized on August 9, 2004 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1460601

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 21st day of July, 2017*

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau