

M21000016596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

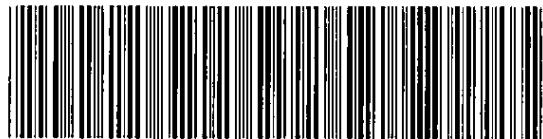
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 DEC -8 AM 11: 46

APPROVED  
AND  
FILED  
SECRETARY OF STATE  
ALABAMA, FLORIDA

DEC 09 2021  
K. Brumley

FILE 3RD

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 287046 7377924

AUTHORIZATION

COST LIMIT

*Syndy Anderson*  
-----  
\$ 125.00

ORDER DATE : December 7, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 287046-015

CUSTOMER NO: 7377924

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FOREIGN FILINGS

NAME: LFB AMERICAN PLASMA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elyliena Baker -- EXT#

## COVER LETTER

**TO:** **Registration Section**  
**Division of Corporations**

**SUBJECT:** LFB AMERICAN PLASMA, LLC

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:

Yasmin Bhumgara

Name of Person

LFB American Plasma, LLC

Firm/Company

2200 NW Corporate Blvd., Suite 210

Address

Boca Raton, FL 33431

City/State and Zip Code

yasmin.bhumgara@lfb-usa.com

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

For further information concerning this matter, please call:

<u>Yasmin Bhumgara</u>	<u>508</u>	<u>370-5102</u>
Name of Contact Person	at (	) Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

FL 5120-00-00000

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

**1. LFB AMERICAN PLASMA, LLC**

(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. Delaware**

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

**3.** \_\_\_\_\_  
(FEI number, if applicable)

**4. 12/06/2021**

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 2200 NW Corporate Blvd., Suite 210**

(Street Address of Principal Office)

**6. 2200 NW Corporate Blvd., Suite 210**

(Mailing Address)

Boca Raton, FL 33431

Boca Raton, FL 33431

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) (Zip code)

**2021 DEC -8 AM 11:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**APPROVED  
AND  
FILED**

**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.*

Corporation Service Company

By: Evelina Bahr

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

Manager Name: Jose A. Moreno Toscano

Member Address: \_\_\_\_\_

Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Nathan Boulanger

Member Address: \_\_\_\_\_

Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Carole Resman

Member Address: \_\_\_\_\_

Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Michael Steinberg

Member Address: \_\_\_\_\_

Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Ben Samarripas

Member Address: \_\_\_\_\_

Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Linda Deciccio

Member Address: \_\_\_\_\_

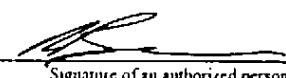
Authorized Person 2200 NW Corporate Blvd., Suite 210  
Boca Raton, FL 33431

Other \_\_\_\_\_  Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Nathan Boulanger

Typed or printed name of signee

# Delaware

Page 1

The First State

**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LFB AMERICAN PLASMA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2021.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LFB AMERICAN PLASMA, LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2015.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.**

5764236 8300

SR# 20214008373

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 204897058

Date: 12-07-21