

OFFICE USE ONLY (Document #)

HAZARDUS COMPANY, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNITED STATES BLOOD BANK FOUNDATION INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300003110919--3
-01/28/00--01043--010
*****78.75 *****78.75

Examiner's Initials

FILED
00 FEB - 1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 26, 2000

LAZARUS

MIAMI, FL

SUBJECT: UNITED STATE BLOOD BANK FOUNDATION INC.
Ref. Number: W00000002269

We have received your document for UNITED STATE BLOOD BANK FOUNDATION INC.. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg., 6th Floor.
Tallahassee, FL 32399-0350
(850) 410-9111.

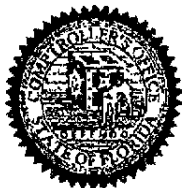
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 800A00003749

RECEIVED
00 FEB -1 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



ROBERT F. MORGAN
COMPTROLLER OF FLORIDA

OFFICE OF THE COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

January 27, 2000

Julio Villegas
United States Blood Bank
351 NW 42nd Avenue, Suite 103
Miami, Florida 33126

Dear Mr. Villegas:

Re: "United States Blood Bank Foundation, Inc."

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Art Simon
Art Simon
Director

.kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

Division of Banking
101 East Gaines Street, Suite 636, Telephone: (850) 410-9111

FILED
00 FEB - 1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION**FOR**

FILED
00 FEB - 1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, acting as Incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

UNITED STATES Blood Bank FOUNDATION INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

351 NW 42nd Avenue Suite #104
Miami Fla. 33126

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

Blood Bank

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

in the minutes and by Laws

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

Julio F. Villegas
6430 SW 43 St.
Miami FL 33155

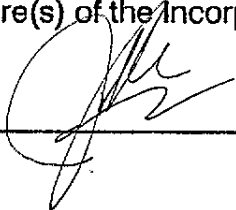
ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

Julio F. Villegas (Incorporator) and (President) 6430 SW 43 St
Miami, FL 33155
Bruce Razzia (Vice-President) 6430 SW 43 St
Miami, FL 33155
Enrique Sotolongo (Secretary)
6430 SW 43 St
Miami FL 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19 ____.

Signature(s) of the Incorporator(s)



Julio F. Villegas (President)

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the Undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

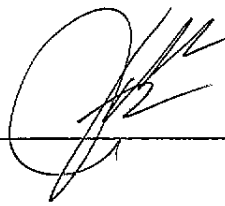
1. The name of the corporation is:

United States Blood Bank Foundation Inc.

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

*Julio F. Villagas
6430 SW 43 ST
Miami FL 33155*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


DATE: *1/22/00*

FILED
00 FEB -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA