

N04000005336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

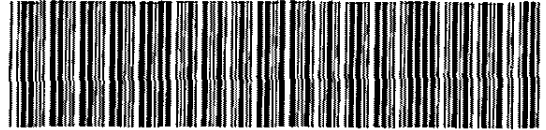
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/04/04--01063--017 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 10:38

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Florida Cord Bank, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Community Blood Centers of South Florida, Inc.
Name (Printed or typed)

Attention: Steven Erjavec, Chief Financial Officer

1700 North State Road 7
Address

Lauderhill, FL 33313
City, State & Zip

954-777-2550
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 7, 2004

COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.
1700 NORTH STATE ROAD 7
LAUDERHILL, FL 33313

SUBJECT: FLORIDA CORD BANK, INC.
Ref. Number: W04000017720

We have received your document for FLORIDA CORD BANK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 604A00031734



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
DIRECTOR

**FINANCIAL SERVICES
COMMISSION**

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

May 19, 2004

Mr. Steven Erjavec
Chief Financial Officer
Community Blood Centers of South Florida, Inc.
1700 N. State Road 7
Lauderhill, Florida 33313

Dear Mr. Erjavec:

Re: Florida Cord Cell Bank, Inc.

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

It is the opinion of this Office 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 Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Linda B. Charity
Deputy Director
Financial Institutions

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings
Division of Corporations, Secretary of State's Office

**ARTICLES OF INCORPORATION
OF
FLORIDA CORD CELL BANK, INC.**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 10:39

**ARTICLE I
NAME**

The name of the corporation is Florida Cord Cell Bank, Inc.

**ARTICLE II
PRINCIPAL OFFICE**

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

Florida Cord Cell Bank, Inc.
1700 North State Road 7
Lauderhill, FL 33313

**ARTICLE III
PURPOSE**

The purpose for which the corporation is organized is to provide high quality cord cell banking services; collecting, storing, and distributing cord cells to patients in need.

**ARTICLE IV
MANNER OF ELECTION**

The Board of Directors shall be nominated and elected by the Board of Directors as it is constituted at the time of such nomination or election. The number of Directors shall be determined by an affirmative vote of two-thirds of the members of the Board of Directors. Each director elected shall serve until his successor shall be elected and shall qualify. All regular terms shall be for three (3) years and shall be established, initially on a staggered basis of election. Directors may serve more than one term, newly elected members of the Board may be elected for 1,2, or 3 year terms.

In case of a vacancy in the Board of Directors, caused by death, resignation, removal, increase in number of Directors or otherwise, the vacancy may be filled by affirmative vote of the majority of remaining Directors.

Any Director may, at any time, be removed, either with or without cause, by resolution duly adopted by the affirmative vote of the majority of two-thirds of the duly elected Directors.

ARTICLE V
INITIAL DIRECTORS/OFFICERS

The names and addresses of the initial Directors and Officers are:

Charles L. Rouault – President/Chairman
1700 North State Road 7
Lauderhill, FL 33313

Bruce A. Lenes – Vice President/Vice Chairman
1700 North State Road 7
Lauderhill, FL 33313

Steven Erjavec – Secretary/Director
1700 North State Road 7
Lauderhill, FL 33313

ARTICLE VI
INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Charles L. Rouault
1700 North State Road 7
Lauderhill, Florida 33313

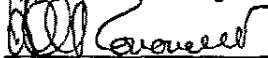
ARTICLE VII
INCORPORATOR

The name and address of the Incorporator is:

Community Blood Centers of South Florida, Inc.
1700 North State Road 7
Lauderhill, FL 33313
Charles L. Rouault, President

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 10:39

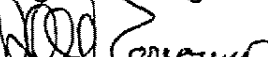
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

05.24.2004

Date



Signature/Incorporator

05.24.2004

Date