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OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-04/27/98--01036--006  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. UNITED STATES BLOOD 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

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98 APR 28 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

RECEIVED  
98 APR 27 AM 11:12  
DIVISION OF CORPORATION

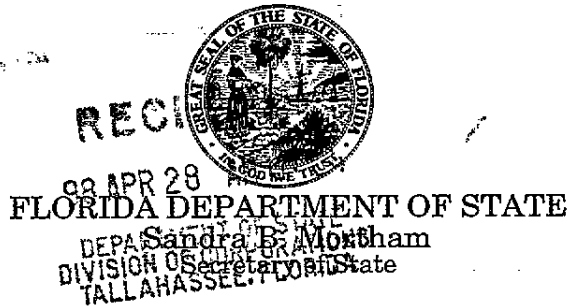
K. Rolfe APR 27 1998

W98-7336

K. Rolfe APR 28 1998

CR2E031(9/92)

Examiner's Initials



April 27, 1998

LAZARUS CORPORATE FILING SERVICE, INC.

MIAMI, FL

SUBJECT: UNITED STATES BLOOD FOUNDATION INC.  
Ref. Number: W98000009338

We have received your document for UNITED STATES BLOOD FOUNDATION INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 598A00022668

**ARTICLES OF INCORPORATION**

**FOR**

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 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:

*3899 N.W. 7th  
SUITE 200  
MIAMI FL. 33126*

**ARTICLE III PURPOSE(S)**

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

*BLOOD BANK.*

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**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

*By 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:

DR. JULIO VILLEGAS  
6430 S.W. 43<sup>rd</sup>  
MIAMI FL 33155

**ARTICLE VII INCORPORATORS**

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

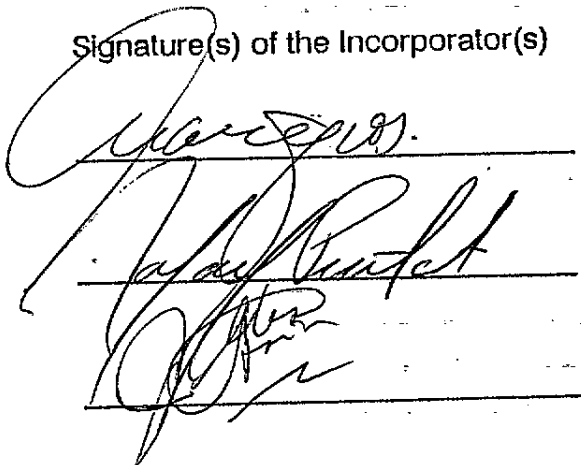
JULIO VILLEGAS  
6430 S.W. 43<sup>rd</sup>  
MIAMI FL 33155

Rafael S. Prieto  
191 NW 58 AVE  
MIAMI FL 33126

Miguel Suarez  
5030 E 1 Ave.  
Hialeah, FL 33013

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
23 day of APRIL, 19 98.

Signature(s) of the Incorporator(s)

  
Three handwritten signatures are shown, each on a horizontal line. The signatures are cursive and difficult to read.

Miguel Suarez Vice-President  
Typed name of incorporator signing

Rafael Prieto President  
Typed name of incorporator signing

Julio F. Villegas Secretary  
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 FOUNDATION INC
2. The name and address of the registered agent and office is:  
JULIO F. VILLEGAS  
(NAME)  
6430 SW 43 ST  
(P.O. BOX NOT ACCEPTABLE)  
Miami FL 33155  
(CITY/STATE/ZIP)

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 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.

SIGNATURE 

DATE 4/23/98

REGISTERED AGENT FILING FEE: \$35.00

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TALLAHASSEE, FLORIDA