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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850)205-0381

## From:

Account Name : INCORPORATETIME.COM, INC.  
Account Number : 119990000221  
Phone : (631)224-9004  
Fax Number : (631)224-7979

## FLORIDA PROFIT CORPORATION OR P.A.

Hemosave Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03 (4)
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

bm 5/23

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**ARTICLES OF INCORPORATION**

**THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,  
HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:**

**ARTICLE I -NAME**

**THE NAME OF THE CORPORATION SHALL BE:**

Hemosave Inc.

**ARTICLE II -PRINCIPAL OFFICE**

**The principal place of business & mailing address of this corporation shall be**

Connie McFarland  
630 South Hill Avenue  
Deland, FL 32724

**ARTICLE III -SHARES**

**The number of shares of stock that this corporation is authorized to have at any  
one time is:**

2,000 shares at \$.01 par value

**ARTICLE IV -INITIAL OFFICERS/DIRECTORS:**

**President/ Secretary/Director: Connie McFarland 630 South Hill Avenue, Deland,  
FL 32724**

**Vice Pres/Treasurer : J. Larry McFarland 630 South Hill Avenue, Deland,  
FL 32724**

**ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

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Connie McFarland  
630 South Hill Avenue, Deland, FL 327124

ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh  
Incorporatetime.com, Inc.  
35-37 Carleton Avenue  
Islip Terrace, NY 11752

Kerry Walsh

Kerry Walsh, Incorporator

5/22/02

Date

Having been named registered agent and to accept service of process for the above stated corporation as 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.

Connie McFarland

Connie McFarland, Registered Agent

5-17-02

Date

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TALLAHASSEE, FLORIDA

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