

P0300000 28022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

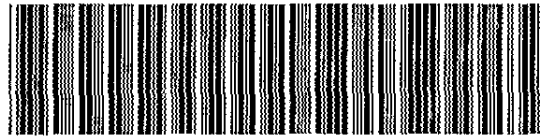
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RECEIVED
03 FEB 12 AM 9:45
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 MAR 10 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-4281

3-11-03
28

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. NEW ENGLAND CORD BLOOD BANK LATIN AMERICA, INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: NEW ENGLAND CORD BLOOD BANK LATIN AMERICA, INC.
Ref. Number: W03000004281

We have received your document for NEW ENGLAND CORD BLOOD BANK LATIN AMERICA, INC. and your check(s) totaling \$472.50. 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 Division of Banking, 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 Division of Banking, 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) 245-6930.

Donna Graves
Document Specialist
New Filing Section

Letter Number: 303A000092

RECEIVED
03 MAR 10 AM 10:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DEPARTMENT OF FINANCIAL SERVICES

FILED
03 MAR 10 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 4, 2003

Ms. Cary A. Flores
999 Ponce de Leon Boulevard
Coral Gables, Florida 33134

Dear Ms. Flores:

Re: New England Cord Blood Bank Latin America

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,

A handwritten signature in black ink, reading "Linda B. Charity".

Linda B. Charity
Deputy Director

LBC:ker

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

ARTICLES OF INCORPORATION

OF

NEW ENGLAND CORD BLOOD BANK LATIN AMERICA, INC.

FILED

03 MAR 10 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, 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 NEW ENGLAND CORD BLOOD BANK LATIN AMERICA, INC. this corporation shall commence upon the filing of these Articles of Incorporation and shall continue perpetually unless dissolved by law.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 11229 N.W. 42ND TERRACE, MIAMI, FLORIDA 33178.

**ARTICLE III
NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV
CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock with par value of one (\$1.00) dollar per share.

**ARTICLE V
INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is:

**JOSE L. PADIAL
999 PONCE DE LEON BLVD, SUITE 715
CORAL GABLES, FLORIDA 33134**

**ARTICLE VI
INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

**EDUARDO CORTEZ
11229 N.W. 42ND TERRACE
MIAMI, FLORIDA 33178**

**ARTICLE VII
OFFICERS AND DIRECTORS**

The initial board of directors of the corporation shall be composed of one director. The name and address of the initial officer and director who shall hold office for the first year of the corporation, or until a successor is elected or appointed is:

**EDUARDO CORTEZ
11229 N.W. 42ND TERRACE
MIAMI, FLORIDA 33178**

President and Secretary

The undersigned Incorporator has executed these Articles of Incorporation this 11th day of Feb., 2003.



EDUARDO CORTEZ

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03 MAR 10 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501, 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: **NEW ENGLAND CORD BLOOD BANK
LATIN AMERICA, INC.**
2. The name and address of the registered agent and office is:

**JOSE I. PADIAL
999 PONCE DE LEON BLVD, SUITE 715
CORAL GABLES, FLORIDA 33134**

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 the 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.



JOSE I. PADIAL, Registered Agent

Dated: 2/11/2003