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BUSINESS WORLD TRANSACTIONS

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 267-8626

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

HEMOCARE INSTITUTE, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I**NAME**

The name of the corporation shall be: HEMOCARE INSTITUTE, INC.

ARTICLE II**PRINCIPAL OFFICE**

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

6231 S.W. 27 ST.
MIAMI, FL. 33155

ARTICLE III**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE IV**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ROBOAM AGUIRRE
6231 S.W. 27 ST.
MIAMI, FL. 33155

Prepared by: ROBOAM AGUIRRE
6231 S.W. 27 ST.
MIAMI, FL. 33155
305 7429582

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.
7931 S.W. 40 ST. (BIRD RD.) #29
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**ARTICLE V
INCORPORATOR(S)**

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

ROBOAM AGUIRRE
6231 S.W. 27 ST.
MIAMI, FL. 33155

PRESIDENT

RIGOBERTO HERNANDEZ
6231 S.W. 27 ST.
MIAMI, FL. 33155

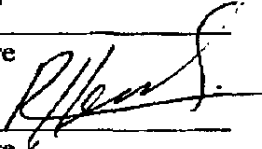
VICE PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of OCTOBER, 2007.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 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: HEMOCARE INSTITUTE, INC.

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

ROBOAM AGUIRRE
6231 S.W. 27 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 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)

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