

P96000067687
TRANSMITTAL LETTER

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

SUBJECT: Cash Blood Bank of Jacksonville, Inc.
Jacksonville Blood Bank, Inc.
(Proposed corporate name - must include suffix)

ENCLOSURE 1 5014 1179
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Hemo Biologics International, Inc.

Bruce C. Rosetto

Name (printed or typed)

748 N. Flagler Drive

Address

Ft. Lauderdale, FL 33304

F

City, State & Zip

954-523-8999

Daytime Telephone number

SECTION OF STATE
TALLAHASSEE, FLORIDA

95 AUG 13 AM 8:39

FILED

DMC
8-14-96

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 29, 1996

BRUCE C. ROSETTO
748 N FLAGLER DR
FT LAUDERDALE, FL 33304

SUBJECT: JACKSONVILLE BLOOD BANK, INC.
Ref. Number: W96000015748

We have received your document for JACKSONVILLE BLOOD BANK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 296A00036207



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OFFICE OF COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

August 12, 1996

Ms. Esther Marantz
Cash Blood Bank, Inc.
731 NE 2nd Avenue
Ft. Lauderdale, FL 33304

Dear Ms. Marantz:

Re: "Cash Blood Bank of Jacksonville, Inc."

Thank you for your recent letter/fax requesting approval for use of the above-referenced name. It is the opinion of this Department that your 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,

Wm. Douglas Johnson
Assistant Director
Division of Banking
Suite 1401, The Capitol
Tallahassee, FL 32399-0350
(904) 488-1111

:kr

cc/ Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

ARTICLES OF INCORPORATION

FILED

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SECRET
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: CASH BLOOD BANK OF JACKSONVILLE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3604 University Blvd. south
Suite #2
Jacksonville, FL 32216

ARTICLE III SHARES

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

1000 no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce C. Rosetto
748 N. Flagler Drive
Ft. Lauderdale, FL. 33304

ARTICLE V INCORPORATOR(S)

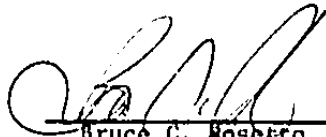
See instructions for officers/directors

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

Bruce C. Rosetto
748 N. Flagler Drive
Ft. Lauderdale, FL 33304

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

23 day of July, 19 96



Bruce C. Rosetto

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**

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PURSUANT TO THE PROVISIONS OF SECTION 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: CASH BLOOD BANK OF JACKSONVILLE, INC.
2. The name and address of the registered agent and office is:

Bruce C. Rosetto

(NAME)

748 N. Flagler Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ft. Lauderdale, FL 33304

(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.



Bruce C. Rosetto

(SIGNATURE)

7/23/96

(DATE)