

P9700000 8154

TRANSMITTAL LETTER

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

900002063799--8
-01/22/97--01025--017
****122.50 ****122.50

SUBJECT: Specialty Blood Products, Inc.
(Proposed corporate name - must include suffix)

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

FILED
97 JAN 21 PM 2:01
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FROM: Michael A. Elfenbein
Name (printed or typed)
3300 NE 191st St. Apt. 1717
Address
Aventura, FL 33180
City, State & Zip

Daytime Telephone number

P. 01025 JAN 29 1997

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

ARTICLES OF INCORPORATION

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:

Specialty Blood Products, Inc.

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97 JAN 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

3300 NE 191st St.

#Apt. 1717

Aventura, FL 33180

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael A. Elfenbein
3300 NE 191st St. Apt 1717

Aventura, FL 33180

FILING FEE: \$70.00

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):

Michael A. Elfenbein
3300 NE 191st St. #1401
Aventura, FL 33180 1717

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

15 day of January, 1997.



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 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: Specialty Blood Products, Inc.

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

Michael A. Elfenbein

(Name)

3300 NE 191st St. Apt. 1717

(P.O. Box not acceptable)

Aventura, FL 33180

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

1/15/97
(Date)