

P97000066686

TRANSMITTAL LETTER

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

500002220085--6
-06/23/97--01123--020
****122.50 ****122.50

SUBJECT: RESEARCH SAMPLE
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

JAMES C. NOLAN
Name
904 S. Pompano Pkwy.
Address
Pompano Beach FL 33069
City, State, & Zip
(954) 969-5210
Telephone Number

789, 502, 511, 615, 671
W97-14826

FILED
97 AUG - 1 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.

B. REGISTER AUG 1 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 25, 1997

JAMES C. NOLAN

904 SOUTH POMPANO PARKWAY
POMPANO BEACH, FL 33069

SUBJECT: RESEARCH SAMPLE BANK INC.
Ref. Number: W97000014826

We have received your document for RESEARCH SAMPLE BANK INC. and your check(s) totaling \$122.50. 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.

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg, 6th Floor.
Tallahassee, FL 32399-0350
(904) 488-1111.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 697A00033673

RESEARCH SAMPLE BANK, INC.

July 15, 1997

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

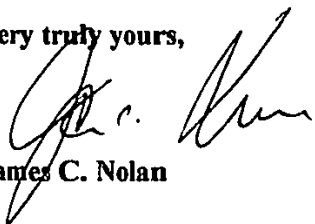
Reference: W97000014826

Gentlemen:

**Please refer to the attached copy of correspondence from the Division of Banking
and include in our corporate records, as referenced above.**

Thank you.

Very truly yours,



James C. Nolan

**/jcb
Ref:RBBI**



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

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

July 9, 1997

Mr. James C. Nolan
904 S. Pompano Parkway
Pompano Beach, FL 33069

Dear Mr. Nolan:

Re: "Research Blood Bank, 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
101 East Gaines Street
The Fletcher Building - Sixth Floor
Tallahassee, FL 32399-0350
(904) 488-1111

:kr

cc: **Karon Boyer, Chief**
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 22, 1997

JAMES C. NOLAN

904 SOUTH POMPANO PARKWAY
POMPANO BEACH, FL 33069

SUBJECT: RESEARCH BLOOD BANK, INC.
Ref. Number: W97000014826

Upon receipt of your letter and/or check(s) totaling \$122.50, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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 (850) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 197A00037039

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

RESEARCH BLOOD BANK INC.

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:

RESEARCH BLOOD BANK INC.

ARTICLE II PRINCIPAL OFFICE

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

902 S. Pompano Pkwy.
Pompano Beach FL. 33065

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

JAMES C. NOLAN
904 S. Pompano Pkwy,
Pompano Beach FL.
33065

ARTICLE V INCORPORATOR(S)

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

JAMES C. NOCAN
904 S. POUPANS PKWY.
POUPANS BEACH FL.
33065

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

28 day of July, 1997.

James C. Nohan
Signature/Title

Signature/Title

Signature/Title

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

Pursuant to the provisions of sections 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: RESEARCH BLOOD BANK INC.

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

JAMES C. NOLAN
(NAME)

904 S. POMPADOUR PKWY.
(P.O. BOX NOT ACCEPTABLE)

POMPADOUR BEACH FL 33065
(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.

SIGNATURE

James C. Nolan

DATE

7-28-99

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 AUG - 1 PM 12:09

FILED

REGISTERED AGENT FILING FEE: \$35.00