

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

300002924963-5  
-07/07/99--01044--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Amax Plasma East, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

07/07/99

FILE SECOND

RECEIVED  
99 JUL -7 AM 11:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

8/7/13

TS W-15692



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 7, 1999

CT CORPORATION SYSTEMS  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301

SUBJECT: AMAX PLASMA EAST, INC.  
Ref. Number: W99000015642

We have received your document for AMAX PLASMA EAST, INC. and your check(s) totaling \$70.00. 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 a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 599A00035266

*Please back date*

*if possible*

*Tracy*

*[Signature]*

RECEIVED  
JUL 13 AM 10:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**AMAX PLASMA**  
177 U.S. HIGHWAY ONE, SUITE 285  
TEQUESTA, FL 33469  
318-981-4060  
FAX: 318-981-6248

**FILED**  
99 JUL -7 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

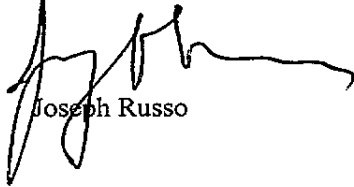
July 8, 1999

Florida Secretary of State  
Tallahassee, FL

Dear Sirs:

This letter is to certify that AMAX Plasma has no intention of revoking the dissolutions of Amax Plasma Central, LLC, Amax Plasma East, LLC or Amax Plasma South, LLC.

Sincerely,



Joseph Russo

**ARTICLES OF INCORPORATION  
OF  
AMAX PLASMA EAST, INC.**

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

FIRST: The name of the corporation is: **AMAX PLASMA EAST, INC.**

SECOND: The street address of the initial principal office, and, if different, the mailing address of the corporation is: **177 U.S. HIGHWAY ONE, SUITE 285, TEQUESTA, FLORIDA 33469**

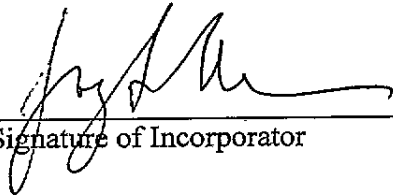
THIRD: The number of shares the corporation is authorized to issue is: **1000**

FOURTH: The street address of the initial registered office of the corporation is c/o C T Corporation System, 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is C T Corporation System.

FIFTH: The name and address of the person who is to serve as initial director is: **JOSEPH RUSSO, 177 U.S. HIGHWAY ONE, SUITE 285, TEQUESTA, FLORIDA 33469**

SIXTH: The name and address of each incorporator is: **JOSEPH RUSSO, 177 U.S. HIGHWAY ONE, SUITE 285, TEQUESTA, FLORIDA 33469**

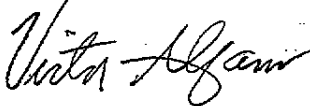
SEVENTH: Any other provision required or permitted by law is: **N/A**

  
\_\_\_\_\_  
Signature of Incorporator

1-2-99  
\_\_\_\_\_  
Date

C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505 of the Florida Statutes.

C T Corporation System

By   
**VICTOR ALFANO  
ASSISTANT SECRETARY**

Date 7/6/99

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -7 PM 2:31

**FILED**