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SECRETARY OF STATE



1/2/23

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: DCI B	IULOGICALS, INC.
	me of corporation - must include suffix)
Dear Sir or Madam:	
	Corporation for Authorization to Transact Business in Florida," e submitted to register the above referenced foreign corporation to
Please return all correspondence concer	ning this matter to the following: F. SPINK
	(Name of Person)
DCI BIO	(Firm/Company)
220-05	17 Th Avenue
Queens Village,	17 Th Avenue (Address) New York 11429
	(City/State and Zip code)
For further information concerning this	matter, please call:
DAVID F. SPINK	at (718) 479-3300 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRE New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following am	nount:
\$70.00 Filing Fee \$78.75 Filin Certificate	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2008

DAVID F. SPRINK DCI BIOLOGICALS INC 220-05 97TH AVENUE QUEENS VILLAGE, NY 11429

SUBJECT: DCI BIOLOGICALS, INC.

Ref. Number: W08000054721

We have received your document for DCI BIOLOGICALS, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 108A00059754

DEPARTMENT OF STATE 08 DEC 18 PM 2: 34

Division of Comparations D.O. DOV 6297 Tellahassas Florida 20214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DCI BIOLOGICALS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
inc., Co., Corp, inc, Co, or Corp.)
PLAIMA RESOURCES, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 17, 2002 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. EFFECTIVE WITH REGISTRATION
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 220-05 97 The ., Queens Village, NY 11429 (Principal office address)
Crincipal office audiess)
220-05 977 Are, Queens Village, NY 11429 (Current-mailing address)
8. PLASMAPHERESIS AND RELATED SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: MARTIN SILVER
Name: MARTIN SILVER Office Address: 41 Indian Creek Drive
Indian Creek Village Florida 33154 Cip code)
(City) (Zip code) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties,

and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: SÍLVER Director: __ Address: __ Director: Address: **B. OFFICERS** Address: Secretary: Queen/ Vil Address: CFO NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

DCI BIOLOGICALI, INC. (ADDENDUM)

, 	12. NAMES AND ADDRESSES OF
	OFFICERS AND/OR DIRECTORS:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DIRECTOR: CARL SPALDING
	ADDRESS: 220-05 97" Are
	ADDRESS: 220-05 97 me Queens Village, NY 11429
ti de la companya de	
-	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCI BIOLOGICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D. 2008.

3580471 8300

081199563

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7028051

DATE: 12-16-08