

L03000039633

McKinley
3939 SW 2nd Avenue
Gainesville, FL 32607
(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

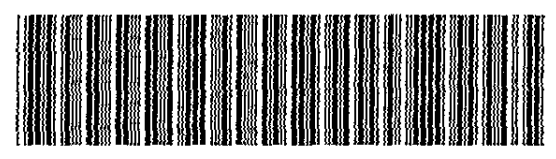
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DIVISION OF CORPORATIONS
03 OCT -9 AM 9:45

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Research Advantage, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Latasha Nekia Anderson McKinley
(Name of Person)

Clinical Research Advantage
(Firm/Company)

3805 SW 6th Place
(Address)

Gainesville, FL 32607
(City/State and Zip Code)

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For further information concerning this matter, please call:

Latasha N. A. McKinley at (352) 271-7410
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Clinical Research Advantage, L

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3805 SW 6th Place
Gainesville, FL 32607

Mailing Address:

3805 SW 6th Place
Gainesville, FL 32607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Latasha Nekia Anderson McKinley
Name

3805 SW 6th Place
Florida street address (P.O. Box **NOT** acceptable)
Gainesville, FL 32607
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..

Latasha Nekia Anderson McKinley
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Latasha Nekia Anderson McKinley
3805 SW 6th Place
Gainesville, FL 32607

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Latasha Nekia Anderson McKinley
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Latasha Nekia Anderson McKinley
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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