

N15000008611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

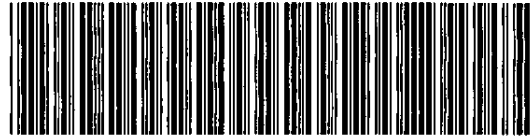
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 31 PM 1:18

APPROVAL
AND
FILED

1/2

COVER LETTER

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

SUBJECT: GLOBAL CLINICAL CONSULTANTS 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: TERRENCE MARCELLE

Name (Printed or typed)

14513 OTTER RUN LANE

Address

ORLANDO, FL 32837

City, State & Zip

347 568 7200

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2015

TERRENCE MARCELLE
14513 OTTER RUN LANE
ORLANDO, FL 32837

SUBJECT: GLOBAL CLINICAL CONSULTANTS INC.
Ref. Number: W15000044383

We have received your document for GLOBAL CLINICAL CONSULTANTS 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):

Please list the name of the corporation for Article I.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 115A00013614

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GLOBAL CLINICAL CONSULTANTS INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
14513 OTTER RUN LANE

Mailing address, if different is:

ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting services to persons, institution and others that may seek our service and to conduct any other lawful business .

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed by COO.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERRENCE MARCELLE, COO

Name and Title: _____

Address 14513 OTTER RUN LANE
ORLANDO, FL 32837

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 31 PM 1:18

APPROVED
AND
FILED

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

APPROVED
AND
FILED

15 AUG 31 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TERRENCE MARCELLE
Address: 14513 OTTER RUN LANE
ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERRENCE MARCELLE
Address: 14513 OTTER RUN
ORLANDO, FL 32837

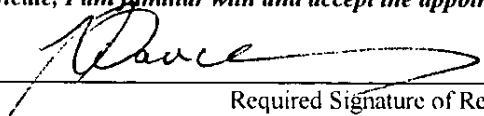
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

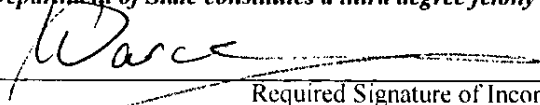


Required Signature of Registered Agent

JUNE 21, 2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

JUNE 21, 2015

Date