

F090000002147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

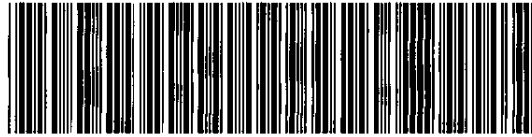
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500155598705

05/07/09--01037--003 **7200

FILED
09 MAY 27 PM 12:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

W09-22064

B. McKnight MAY 28 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Clinical Trials Network, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alba Marin.

(Name of Person)

Clinical Trials Network, Inc.

(Firm/Company)

701 Brickell Key Blvd. Apt #2602

(Address)

Miami, Florida. 33131

(City/State and Zip code)

For further information concerning this matter, please call:

Alba Marin

(Name of Person)

at (305) 415-9789

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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 amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2009

ALBA MARIN
701 BRICKELL KEY BLVD APT 2602
MIAMI, FL 33131

SUBJECT: CLINICAL TRIALS NETWORK, INCORPORATED
Ref. Number: W09000022064

We have received your document for CLINICAL TRIALS NETWORK, INCORPORATED 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 609A00015915

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. Clinical Trials Network, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada

(State or country under the law of which it is incorporated)

3. 26-3572274

(FEI number, if applicable)

4. 08-21-2008

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 16, 2009

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 701 Brickell Key Blvd. Apt. 2602 Miami, FL 33131

(Principal office address)

701 Brickell Key Blvd. Apt. 2602 Miami, FL 33131

(Current mailing address)

8. Medical Consulting

(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:

Alba Marin

Office Address:

701 Brickell Key Blvd. Apt. 2602

Miami

(City)

, Florida FL 33131

(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.

Alba Marin

(Registered agent's signature)

Alba Marin

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.

09 MAY 27 PM 12:07
DEPT. OF STATE
TALLAHASSEE, FLORIDA

11 ED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Alba Marin

Address: 701 Brickell Key Blvd. Apt. 2602
Miami, FL 33131

Vice Chairman: N/A

Address: _____

Director: Alba Marin

Address: 701 Brickell Key Blvd. Apt. 2602
Miami, FL 33131

Director: _____

Address: _____

RECEIVED
MAY 27 PM 12:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Alba Marin

Address: 701 Brickell Key Blvd. Apt. 2602
Miami, FL 33131

Vice President: Diana Marin

Address: 701 Brickell Key Blvd. Apt. 2602
Miami, FL 33131

Secretary: Diana Marin

Address: 701 Brickell Key Blvd. Apt. 2602 Miami, FL 33131

Treasurer: David Marin

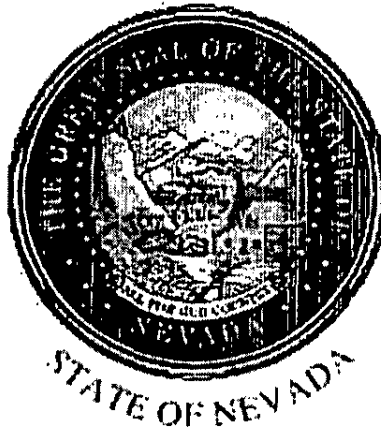
Address: 701 Brickell Key Blvd. Apt. 2602 Miami, FL 33131

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Diana Marin
(Signature of Director or Officer listed in number 12 of the application)

14. Diana Marin, vice president
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



09 MAY 27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

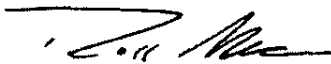
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CLINICAL TRIALS NETWORK, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 21, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 17, 2009.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20090417-1849
You may verify this electronic certificate
online at <http://www.nvsos.gov/>