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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bonnie.harms@bakermckenzie.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
PSI CRO DEVELOPMENT, INC.**

Certificate of Status	0
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**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. PSI CRO Development, Inc.**

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

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

**2. California**

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

**3. 26-4789671**

(FBI number, if applicable)

**4. 4/30/2009**

(Date of incorporation)

**5. perpetual**

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

**6.**

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

**7. 1325 Howard Avenue # 802, Burlingame, CA 94010**

(Principal office address)

**1325 Howard Avenue # 802, Burlingame, CA 94010**

(Current mailing address)

**8. marketing services for research organizations**

(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:

**Incorporating Services, Ltd.**

Office Address:

**1540 Glenway Drive**

**Tallahassee**

(City)

**, Florida 32301**

(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.*

*Gene L. Kent, Assistant Secretary*  
(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.**

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

**A. DIRECTORS**

~~XXXXXXXXXX~~ Virginia Payeur

Address: 1325 Howard Ave # 802, Burlingame, California 94010

~~XXXXXXXXXX~~ Nickolai Sinackevich

Address: Baarerstrasse 113a, Zug, Switzerland 6300

Director: Martin Schmidt

Address: Baarerstrasse 113a, Zug, Switzerland 6300

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Nickolai Sinackevich

Address: Baarerstrasse 113a, Zug, Switzerland 6300

~~XXXXXXXXXX~~ Executive Vice President Virginia Payeur

Address: 1325 Howard Ave # 802, Burlingame, California 94010

Secretary: Virginia Payeur

Address: 1325 Howard Ave # 802, Burlingame, California 94010

Treasurer: Martin Schmidt

Address: Baarerstrasse 113a, Zug, Switzerland 6300

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Virginia Payeur, Executive Vice President/Secretary/Director

(Typed or printed name and capacity of person signing application)

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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

PSI CRO DEVELOPMENT, INC.

FILE NUMBER: C3197762  
FORMATION DATE: 04/30/2009  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of December 04, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State