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(Address)

(Address)

(City/State/Zip/Phone #)

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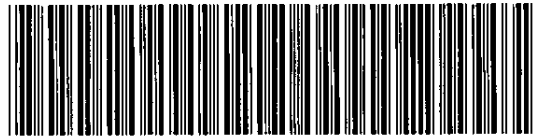
Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 15 AM 9:20

M. MILLIGAN
JUN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2017

MICHAEL A. WEBER
CLINICAL RESEARCH SERVICES, INC.
335 S. LEGEND TREE DRIVE
LIBERTY LAKE, WA 99019

SUBJECT: CLINICAL RESEARCH SERVICES, INC.
Ref. Number: W17000043475

We have received your document for CLINICAL RESEARCH SERVICES, INC. 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 717A00010257

RECEIVED
2017 JUN 15 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Clinical Research Services, Inc.

June 12, 2017

To: Florida Department of State, Division of Corporations

Attn: Michelle Milligan, Senior Section Administrator

RE: Letter # 717A00010257

Subject: Clinical Research Services, Inc.

Ref # W17000043475

Dear Ms. Milligan:

As per your letter referenced above, and our subsequent telephone conversation, we are resubmitting our Application by Foreign Company for Authorization to Transact Business in Florida. I have added the "alternate name" we are requesting on Line 2 which is:

Clinical Research Services, Inc. of Florida

We hope this satisfies the requirement but please let me know if any clarification or additional information is needed.

Thank you for your assistance in completing our registration in Florida.

Sincerely,



Jeanne Minsky

Secretary

Phone: 212-584-9191

Email: minskyja@cs.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINICAL RESEARCH SERVICES, 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," or "Certificate of Good Standing" 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:

MICHAEL A. WEBER

Name of Person

CLINICAL RESEARCH SERVICES, INC.

Firm/Company

335 S. LEGEND TREE DRIVE

Address

LIBERTY LAKE, WA 99019

City/State and Zip code

minskyja@cs.com

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

For further information concerning this matter, please call:

JEANNE MINSKY

212

584-9191

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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 RESEARCH SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CLINICAL RESEARCH SERVICES, INC. OF FLORIDA
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEVADA 3. 20-8068479
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/27/2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 335 S. LEGEND TREE DRIVE, LIBERTY LAKE, WA 99019
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

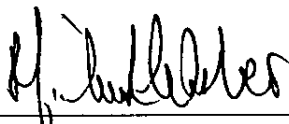
Name: MICHAEL A. WEBER

Office Address: 22 LAGUNA TERRACE

PALM BEACH GARDENS, Florida 33418
(City) (Zip code)

9. 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)

10. 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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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 15 AM 9:20

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

A. DIRECTORS

Chairman: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

Vice Chairman: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

Director: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

Director: _____
Address: _____

B. OFFICERS

President: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

Vice President: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

Secretary: JEANNE MINSKY
Address: 335 S. LEGEND TREE DRIVE, LIBERTY LAKE, WA 99019

Treasurer: MICHAEL A. WEBER
Address: 22 LAGUNA TERRACE, PALM BEACH GARDENS, FL 33418

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MICHAEL A. WEBER
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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 RESEARCH SERVICES, 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 November 27, 2006, 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 May 1, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170501-1044
You may verify this electronic certificate
online at <http://www.nvsos.gov/>