

F21000001194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

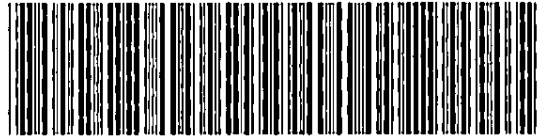
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/02/2021
Acc#120160000072

mic DW

Name:	LS Clinical Services Holdings, Inc.
Document #:	
Order #:	13287006

Certified Copy of Arts & Amend:	<input type="checkbox"/>	Please let us know the total amount charged including the penalty	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$	XXX.XX
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LS Clinical Services Holdings, 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:

Richard Shimota

Name of Person

Cato SMS

Firm/Company

2000 Centregreen Way Suite 300

Address

Cary NC 27513

City/State and Zip code

richard.shimota@cato-sms.com

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

For further information concerning this matter, please call:

Richard Shimota

704

307-0843

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. I.S Clinical Services Holdings, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 83-1986370
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/10/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 1/1/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. c/o Water Street, 444 West Lake Street, Suite 1800, Chicago, Illinois 60606
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 33324
(City) , Florida (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.

By: James M. Halpin C T Corporation System
James M. Halpin, Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Peter Strothman

c/o Water Street, 444 West Lake Street, Suite 1800

Address: Chicago, Illinois 60606

Director: Daniel Agroskin

c/o J.L.L. Partners, 245 Park Avenue, Suite 1601

Address: New York, New York 10167

B. OFFICERS

President: Peter Strothman

c/o Water Street, 444 West Lake Street, Suite 1800

Address: Chicago, Illinois 60606

Vice President: Daniel Agroskin

c/o J.L.L. Partners, 245 Park Avenue, Suite 1601

Address: New York, New York 10167

Secretary: Mike Brennan

c/o Water Street, 444 West Lake Street, Suite 1800, Chicago, Illinois 60606

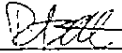
Address: _____

Treasurer: Mike Brennan

c/o Water Street, 444 West Lake Street, Suite 1800, Chicago, Illinois 60606

Address: _____

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. Peter Strothman, President

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LS CLINICAL SERVICES HOLDINGS, INC."
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY,
A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



7050337 8300

SR# 20210105204

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202282562

Date: 01-13-21