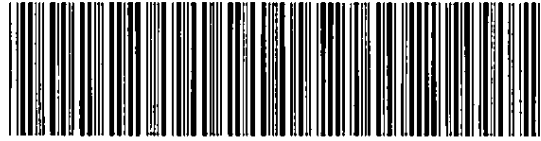


F22000006433



400396062784

(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

APPROVED
AND
FILED

2022 OCT 18 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 OCT 18 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18 2022

Friday



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/17/2022

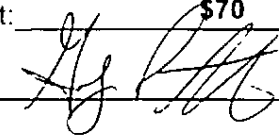
Name: Greg Pintacuda

Reference #: 1810198

Entity Name: CLINICAL TRIAL BAY INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$70

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ Clinical Trial Bay 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:

_____ Marcie Barr _____
Name of Person
_____ Kastner Gravelle LLP _____
Firm/Company
301 West Avenue, Suite 200
_____ Address _____
Austin, TX 78701
_____ City/State and Zip code _____
marcie@kastnergravelle.com
_____ E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

_____ 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

Go To Filing Info

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 Trial Bay 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/31/22 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/22
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 66 W. Flagler St. Suite 900, Miami, FL 33130
(Principal office address)

(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

2022 OCT 18 PM 3:43
APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Melissa Hawkins; 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: Zdravko Obradovic
Address: 66 W. Flagler St., Suite 900, Miami, FL 33130

Vice Chairman: _____
Address: _____

Director: Nenad Veljkovic
Address: 66 W. Flagler St., Suite 900, Miami, FL 33130

Director: Jonathan Gibbons
Address: 66 W. Flagler St., Suite 900, Miami, FL 33130

B. OFFICERS

President: Zdravko Obradovic
Address: 66 W. Flagler St., Suite 900, Miami, FL 33130

Vice President: _____
Address: _____

Secretary: Nenad Veljkovic
Address: 66 W. Flagler St., Suite 900, Miami, FL 33130

Treasurer: _____
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. Zdravko Obradovic, 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 "CLINICAL TRIAL BAY 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 SEVENTEENTH DAY OF OCTOBER, A. D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLINICAL TRIAL BAY INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A. D. 2022.

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



7002169 8300

SR# 20223790289

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.

Authentication: 204638982

Date: 10-17-22