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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer: Sown file date The bacame they were given the wrong information about plan of mary.					
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ACCOUNT NO. : I20000000195

REFERENCE : 210878 7968080

AUTHORIZATION :

COST LIMIT : \$/115.00

ORDER DATE : July 10, 2014

ORDER TIME : 10:22 AM

ORDER NO. : 210878-010

CUSTOMER NO: 7968080

ARTICLES OF MERGER

11190BISCAYNE, LLC

INTO

INVENTIV HEALTH CLINICAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX____ CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS:

COVER LETTER

TO:	Amendment Section Division of Corporations		
SURJ	IECT:inV	entiv Health Clinica	l, Inc.
50150		Name of Survivin	ng Party
The e	nclosed Certificate of Merger and	fee(s) are submitted	for filing.
Please	e return all correspondence conce	ming this matter to:	
Brian	n Elworthy, Esq.		
	Contact Person		
inVer	ntiv Health Clinical, Inc.		
	Firm/Company		
1 Va	n de Graaff Drive, 6th Floor		
	Address		
Burlin	ngton, MA 01803		
	City, State and Zip Cod	le	
emily	.stavrou@Inventivhealth.com		
***************************************	E-mail address: (to be used for future ar	nnual report notification)	·
For fu	rther information concerning this	matter, please call:	
Brian	Elworthy, Esq.	at (781	425-4663
<u></u>	Name of Contact Person		Daytime Telephone Number
 ✓	Certified copy (optional) \$30.00)	
STREET ADDRESS:		MAILE	NG ADDRESS:
	dment Section		ment Section
	on of Corporations		of Corporations
	n Building Executive Center Circle	P. O. Bo	ox 6327 ssee, FL 32314
	nassee, FL 32301	i andiids	5500, 115 54514

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name 11190 Biscayne, LLC	Jurisdiction Florida	Form/Entity Type limited liability company	LO4 - 15373
Searento Trust LLC	Florida	limited liability company	•
SECOND: The exact name, form/entity			
Name	<u>Jurisdiction</u>	Form/Entity Type	
inVentiv Health Clinical, Inc.	Delaware	corporation	

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOUR	TH: Please check one of the	e boxes tha	it apply to surviv	ing entity: (if applicable)					
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
Z	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:								
	1 Van de Graaff Drive, 6th	n Floor							
	Burlington, MA 01803		····		老鬼子				
	ATTN: General Counsel								
more ti	han 90 days after the date this NTH: Signature(s) for Each	document	is filed by the Fl						
Name	of Entity/Organization:		Signature(s):	Typed or Name of	Printed Individual:				
inVentiv Health Clinical, Inc.			ank	U- Jesse Moore					
11190) Biscayne, LLC		Om	Jesse M	oore				
Seare	nto Trust LLC		- Gan	Jesse M	oore				
•	rations:	(If no direc	tors selected, signat	, President or Officer ure of incorporator.)	······································				
	ll partnerships: Limited Partnerships:		of a general parts of all general p	ner or authorized person artners					
Non-F	lorida Limited Partnerships: d Liability Companies:	Signature	of a general part of an authorized	ner					
Fees:	For each Limited Liability C For each Limited Partnership For each Other Business Enti):	\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnershi Certified Copy (optional):	\$35.00 \$25.00 \$30.00				