

L04000055708

(Requestor's Name)

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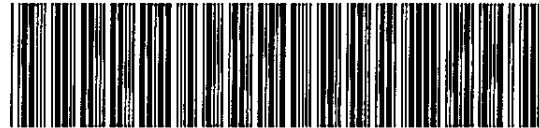
(Business Entity Name)

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04 JUL 28 AM 10:32
DIVISION OF CORPORATION

FILED
2004 JUL 28 AM 11:20
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

J. BRYAN JUL 28 2004

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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7/29/04 - [Signature]

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LLC

1.)

FBIS Clinical Research LLC
(CORPORATE NAME & DOCUMENT #)

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

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CORPORATIONS

SPECIAL INSTRUCTIONS

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 JUL 28 AM 11:20
JAMES H. HARRIS, INCORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

IBIS Clinical Research LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4349 Rainbow Avenue

Weston, Florida 33332

Mailing Address:

4349 Rainbow Avenue

Weston, Florida 33332

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Christopher J. Seifarth

Name

4349 Rainbow Avenue

Florida street address (P.O. Box NOT acceptable)

Weston

FLORIDA 33332

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christopher J. Seifarth

4349 Rainbow Avenue

Weston, Florida 33332

(Use attachment if necessary)

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2004 JUL 28 AM 11:20
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christopher J. Seifarth, Sole Member

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)