

L 05000068463

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(Business Entity Name)

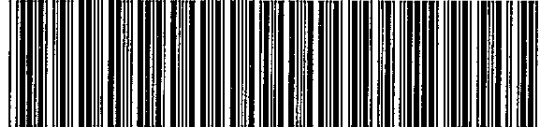
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**CORPORATION NAME (S) AND DOCUMENT NUMBER(S):**

Clinical Research Solutions, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION  
OF  
CLINICAL RESEARCH SOLUTIONS, LLC

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**ARTICLE I - Name:**

The name of the Limited Liability Company is: CLINICAL RESEARCH SOLUTIONS, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 21150 Biscayne Blvd, Suite 300, Aventura, FL. 33180.

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

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

Barry A. Nelson, Esq.  
c/o Nelson & Levine, P.A.  
2775 Sunny Isles Blvd, Suite 118  
North Miami Beach, Florida 33160

*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.*

  
\_\_\_\_\_  
Barry A. Nelson, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by one or more managers and is therefore, a manager-managed company.

CLINICAL RESEARCH SOLUTIONS, LLC

By:   
\_\_\_\_\_  
Marc Gittelman, Member

By:   
\_\_\_\_\_  
Amy Gamez, 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.)