

Division of Corporations

Page 1 of 1

06000082311

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000208425 3)))



H060002084253ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED STATE
SECRETARY OF CORPORATIONS
06 AUG 21 AM 8:56

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SAVAGE, KRIM, SIMONS & JONES, LLC
Account Number : 073617000267
Phone : (352) 732-8944
Fax Number : (352) 867-0504

RECEIVED

06 AUG 18 PM 2:47

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MEG Superior Clinical Research Consulting, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

W06-36679
J. BRYAN AUG 21 2006

Electronic Filing Menu

Corporate Filing Menu

Help



August 21, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAVAGE, KRIM, SIMONS & JONES, LLC

SUBJECT: MEG SUPERIOR CLINICAL RESEARCH CONSULTING, LLC
REF: W06000036679

FILED STATE
SECRETARY OF CORPORATIONS
06 AUG 21 AM 8:56

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

LLC's are not corporations so they don't have incorporators. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

FAX Aud. #: H06000208425
Letter Number: 906A00051281

RECEIVED
06 AUG 21 AM 10:24
DIVISION OF CORPORATIONS

P.O. BOX 6327 - Tallahassee, Florida 32314

H06000208425 3

ARTICLES OF ORGANIZATION

of

MEG SUPERIOR CLINICAL RESEARCH CONSULTING, LLC

a Florida Limited Liability Company

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be MEG Superior Clinical Research Consulting, LLC ("Company").

ARTICLE II - ADDRESS

The address of the principal office of the company shall be 2418 SE 23rd Street, Ocala, Florida 34471.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is Mary E. Gilchrist, 2418 SE 23rd Street, Ocala, Florida 34471.

ARTICLE IV - MANAGING MEMBERS

The name and address of each Managing Member are as follows:

Mary E. Gilchrist	2418 SE 23 rd Street Ocala, Florida 34471
-------------------	---

Signed this 18 day of August, 2006.


Robert E. Seymour, Organizer

H06000208425 3

FILED
SECRETARY OF CORPORATIONS
06 AUG 21 AM 8:56

H06000208425 3

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 18 day of August, 2006, by Robert E. Seymour, Organizer, who ☒ is personally known to me or ☐ has produced _____ as identification.



DEBRA BROOKS HENRY
Commission #DD457992
My Commission Expires
August 20, 2009

Debra Brooks Henry
Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENT

for

MEG SUPERIOR CLINICAL RESEARCH CONSULTING, LLC,
a Florida Limited Liability Company

Undersigned hereby states that she is familiar with the obligations of Registered Agent for the Company as provided by Chapter 608, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

Signed this 18 day of August, 2006.

Mary E. Gilchrist
Mary E. Gilchrist, Registered Agent

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 18 day of August, 2006, by Mary E. Gilchrist, as Registered Agent, who ☒ is personally known to me or ☐ has produced _____ as identification.



DEBRA BROOKS HENRY
Commission #DD457992
My Commission Expires
August 20, 2009

Debra Brooks Henry
Notary Public, State of Florida

Q:\WP\forms\Corp\ArticlesOrganization.doc

H06000208425 3