

LOGUVU 111877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

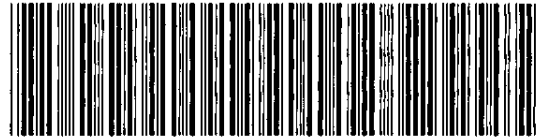
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 NOV 20 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/19/09
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FILED
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DIVISION OF CORPORATIONS

B. KOHR

NOV 23 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
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EFFECTIVE DATE 11/19/09

November 20, 2009

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

All Florida Center for Clinical Research, 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

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ARTICLES OF ORGANIZATION
OF
ALL FLORIDA CENTER FOR CLINICAL RESEARCH, LLC

The undersigned hereby certifies that he is the Authorized Representative of the Member who is forming a Limited Liability Company under Florida Statutes Chapters 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.
NAME

The name of the Limited Liability Company shall be ALL FLORIDA CENTER FOR CLINICAL RESEARCH, LLC.

ARTICLE 2.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of November 19, 2009.

ARTICLE 3.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 4820 Park Boulevard, Pinellas Park, Florida 33781.

ARTICLE 4.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 4820 Park Boulevard, Pinellas Park, Florida 33781 and the name of its initial registered agent at such address is Dale G. Bramlet.

ARTICLE 5.
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the Authorized Representative of the Member of the Limited Liability Company, hereby certifies that the foregoing

constitutes the Articles of Organization of ALL FLORIDA CENTER FOR CLINICAL RESEARCH, LLC.

Executed by the undersigned on November 19, 2009.



Dale G. Bramlet
AUTHORIZED REPRESENTATIVE

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for ALL FLORIDA CENTER FOR CLINICAL RESEARCH, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 19th day of November, 2009.



Dale G. Bramlet