

Division of Corporations

LI0000051006

Page 1 of 1

Florida Department of State
Division of Corporations
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.

(((H10000114247 3)))



H100001142473ABCU

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

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : AMERICAN ACCOUNTING SERVICE, INC.
Account Number : 104737003316
Phone : (941) 747-9292
Fax Number : (941) 748-7626

FILED
10 MAY 11 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Trudy.Sargeant@fx.com

FLORIDA LIMITED LIABILITY CO.
Trucomm Clinical Consulting, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

S. HAWKES

MAY 12 2010

EXAMINER

RECEIVED
10 MAY 11 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H0100001142473

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trucomm Clinical Consulting, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

357 6th Ave West

Bradenton FL 34205

Mailing Address:

357 6th Ave West

Bradenton FL 34205

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Trudy Hayes-Sargeant

Name

357 6th Ave West

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

Bradenton

FL 34205

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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H0100001142473

FILED
10 MAY 11 AM 10:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

H0100001142473

FILED
10 MAY 11 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:MGRTrudy Hayes-Sargeant357 6th Ave WestBradenton FL 34205MGRMChris Tyson Sr300 Communipaw Ave #16Jersey City NJ 07304MGRMMelissa Antrobus1245 E 82nd StBrooklyn NY 11236

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Trudy Hayes-Sargeant

Typed or printed name of signee

H0100001142473