

L11 000135010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

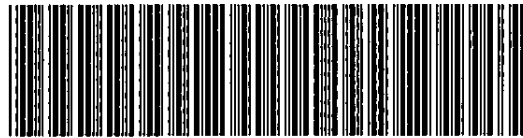
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700214351627

700214351627
11/29/11-01023--007 **125.00

FILED

11 NOV 29 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 30 2011

EXAMINER

SHUMAKER
Shumaker, Loop & Kendrick, LLP

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

MEREDITH D. DeNOME
813.221.7153
mdenome@slk-law.com

November 28, 2011

VIA FEDERAL EXPRESS #795447088040

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Organization - Clinical Trial Matching, LLC

Dear Sir or Madam:

Enclosed for filing, please find one original and one copy of the Articles of Organization of Clinical Trial Matching, LLC. Also enclosed is Shumaker, Loop & Kendrick, LLP check number 106517 in the amount of \$155.00 for payment of the filing fee and a certified copy.

Thank you in advance for your attention to this matter. Please do not hesitate to call me if you have any questions.

Sincerely,



Meredith D. DeNome

MDD/kc
Enclosures

FILED
11 NOV 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
CLINICAL TRIAL MATCHING, LLC**

The undersigned, being authorized to execute and file these Articles of Organization pursuant to Chapter 608, Florida Statutes, hereby certifies that:

ARTICLE I – Name

The name of the Limited Liability Company is Clinical Trial Matching, LLC.

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is 101 East Kennedy Boulevard, Suite 2800, Tampa, Florida 33602.

ARTICLE III – Registered Agent

The initial Registered Agent of the Limited Liability Company shall be Ronald A. Christaldi, and the street address of the initial Registered Agent of the Limited Liability Company shall be c/o Shumaker, Loop & Kendrick, LLP, 101 East Kennedy Boulevard, Suite 2800, Tampa, Florida 33602.

ARTICLE IV – Duration

The duration for the Limited Liability Company shall be perpetual until dissolved according to law.

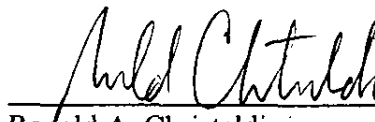
ARTICLE V – Purpose and Powers

Section 1. The Limited Liability Company is formed for the purpose of engaging in any lawful activity or business for which limited liability companies may be organized under the laws of the State of Florida.

FILED
11 NOV 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 2. The Limited Liability Company may exercise all powers, rights and privileges conferred on limited liability companies pursuant to the laws of the State of Florida.

IN WITNESS WHEREOF, an authorized representative of the member(s) has signed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida on this 22nd day of November, 2011.



Ronald A. Christaldi, as
Authorized Representative

FILED
11 NOV 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION AND ACCEPTANCE
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the following Limited Liability Company, organizing under the laws of the State of Florida, submits this statement for the purpose of designating the registered office/registered agent in the State of Florida and evidencing the registered agent's acceptance of that position.

The name of the Limited Liability
Company is:

Clinical Trial Matching, LLC

The name and address of the registered
agent and office is:

Ronald A. Christaldi
c/o Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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 state that I am familiar with, and accept, the obligations of that position as provided for in Chapter 608, Florida Statutes. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties as Registered Agent.



Ronald A. Christaldi
Registered Agent

Date: 11/22/11

FILED
14 NOV 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA