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FLORIDA LIMITED LIABILITY CO.
Clinical Frontier, LLC

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**ARTICLES OF ORGANIZATION
OF
Clinical Frontier, LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: Clinical Frontier, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 68 Cedar Lane, Bronxville, New York 10708.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

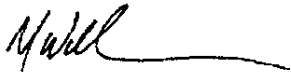
The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:

Wanda See, 68 Cedar Lane, Bronxville, New York 10708

Thomas Fahey, 5 Knollwood Drive, Larchmont, New York 10538



Date: March 30, 2012

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: *Clinical Frontier, LLC*

The name and address of the registered agent and office is *Business Filings Incorporated, 515 E.
Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.*

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: *March 30, 2012*

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