

L12000116617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

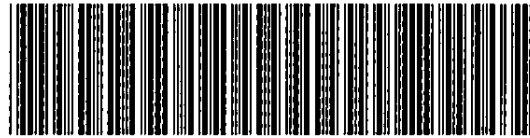
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 SEP 11 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 12 2012

EXAMINER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zephyr Clinical Research, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Robin  
Law Office of Christian Robin  
37512 Skyridge Circle  
Dade City, FL 33525

E-mail address (to be used for future annual report notification): [crobinlaw@tampabay.rr.com](mailto:crobinlaw@tampabay.rr.com)

For further information concerning this matter, please call:

Christian Robin at (813) 715-0565

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2012 SEP 11 PM 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
OF  
ZEPHYR CLINICAL RESEARCH, LLC

ARTICLE I - NAME

The name of the limited liability company is **Zephyr Clinical Research, LLC**,  
("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

37744 15th Avenue  
Zephyrhills, Florida 33542

Mailing Address:

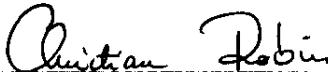
37744 15th Avenue  
Zephyrhills, Florida 33542

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Attorney Christian Robin  
37512 Skyridge Circle  
Dade City, Florida 33525

*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..*

  
\_\_\_\_\_  
Attorney Christian Robin

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TALLAHASSEE, FLORIDA  
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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Shilpa Patel  
37744 15th Avenue  
Zephyrhills, Florida 33542

FILED  
SEP 11 PM 1:01  
CLERK OF CIRCUIT  
JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Shilpa Patel

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.)

Shilpa Patel

Typed or printed name of signee