

L14000109423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

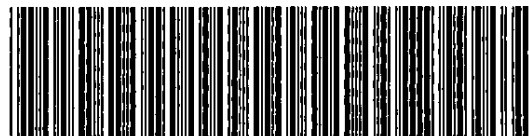
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200259949462

05/09/14--01013--028 **125.00

EFFECTIVE DATE
6-1-14

FILED
14 MAY 30 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 2014

T. BROWN

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE CLINICAL RESEARCH OF ORLANDO.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIMESH A DAYAL

Name of Person

Firm/Company

9507 LAKE HUGH DR

Address

GOTHA FL 34734

City/State and Zip Code

nimdayal@gmail.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIMESH A DAYAL

at (

731)

695 0834.

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

NIMEZH DAYAL
9507 LAKE HUGH DR
GOTHA, FL 34734

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC
Ref. Number: W14000031175

We have received your document for ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The writing on your document is not legible. Please type the information or write it legible.,

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 9, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 514A00010609



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2014

NIMEZH DAYAL
9507 LAKE HUGH DR
GOTHA, FL 34734

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC
Ref. Number: W14000031175

We have received your document for ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 9, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00011778



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2014

NIMESH DAYAL
9507 LAKE HUGH DR
GOTHA, FL 34734

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC
Ref. Number: W14000031175

We have received your document for ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00012794



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2014

NIMEZH DAYAL
9507 LAKE HUGH DR
GOTHA, FL 34734

SUBJECT: ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC
Ref. Number: W14000031175

We have received your document for ADVANCED CLINICAL RESEARCH OF ORLANDO, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 614A00014039

EFFECTIVE DATE

6-1-14

FILED

14 MAY 30 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCE CLINICAL RESEARCH OF ORLANDO, P.L.L.C.

(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:

10000 W COLONIAL DR

SUITE 488

OCFEE FL 34761

Mailing Address:

9507 LAKE HUGH DR

GOVNA

FL 34734

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:

NIMESH A. DATTA

Name

10000 W COLONIAL DR SUITE 488

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

OCFEE

FL 34761

City

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 605, F.S.

Nimesh A. Datta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

NIMESH A DAYAL

9507 LAKE HUGH DR

APT 11A R 34734

(Use attachment if necessary)

JUNE 1, 2014

[Signature]

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.)

ARTICLE VI: Other provisions, if any:

INTENT OF BUSINESS: CLINICAL RESEARCH (MEDICAL)

REQUIRED SIGNATURE:

[Signature]

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NIMESH A DAYAL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)