

LI 50000 54146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR 11 2015
15 MAR 11 AM 11:29

FILED

J. Shivers MAR 27 2015

3 March 2015

To: Florida Department of State
Division of Corporations,

Name: Anel Rossouw

DBA : Clinical Compliance LLC

Address: 8831 Bay Villa Ct
Orlando, FL 32836

contact: 206 679 7991

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clinical Compliance LLC
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:

Anel Rossouw
Name of Person

Firm/Company

8831 Bay Villa Ct.
Address

Orlando FL 32836
City/State and Zip Code

clinicalcompliance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anel Rossouw at (206) 679 7991
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clinical Compliance 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:

8831 Bay Villa Ct.
Orlando, FL
32836

Mailing Address:

P.O. Box 69224S
Orlando, FL
32869

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:

Onel Rossouw
Name

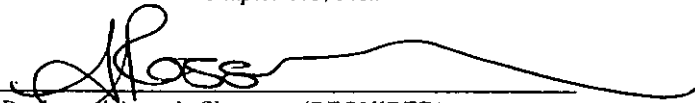
8831 Bay Villa Ct.
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32836
City Zip

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SECRETARY OF STATE
FLORIDA

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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..


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

Name and Address:

Anel Rassou W
8831 Bay Villa Ct, Orlando, FL
32836

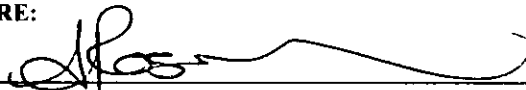
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED 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.)

Anel Rassou W

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)