

L16000004729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

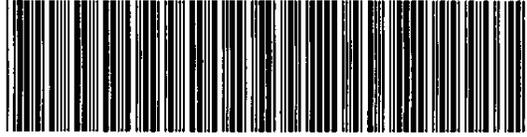
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280211735

12/29/15--01011--015 **160.00

FILED
15 DEC 29 PM 4:54
SOUTH CAROLINA
STATE
REGISTRAR GENERAL

J. P. / 12/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW CONCEPTS CLINICAL RESEARCH ASSOCIATES, 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:

OSCILDA FERNANDEZ

Name of Person

Firm/Company

8420 WEST FLAGLER STREET, SUITE 218-A

Address

MIAMI, FL 33144

City/State and Zip Code

FDEZOREX@GMAIL.COM

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

For further information concerning this matter, please call:

OSCILDA FERNANDEZ 305 207-1818

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

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

Street Address

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

FILED
15 DEC 29 PM 4: 54
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/04/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 DEC 29 PM 4: 54

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW CONCEPTS CLINICAL RESEARCH ASSOCIATES, 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:

Mailing Address:

8420 WEST FLAGLER STREET
SUITE 218-A
MIAMI, FL 33144

8420 WEST FLAGLER STREET
SUITE 218-A
MIAMI, FL 33144

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:

OSCILDA FERNANDEZ

Name

8420 WEST FLAGLER STREET, SUITE 218-A

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

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33144</u>
City	State	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..



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:
OSCILDA FERNANDEZ
8420 WEST FLAGLER STREET, SUITE 218-A
MIAMI, FL 33144

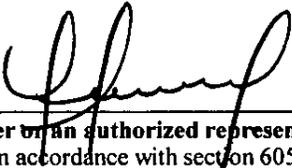
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/04/2016, (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

OSCILDA FERNANDEZ
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)

FILED
15 DEC 29 PM 4:54
DEPARTMENT OF STATE
CORPORATION SERVICES DIVISION