

L16000044635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

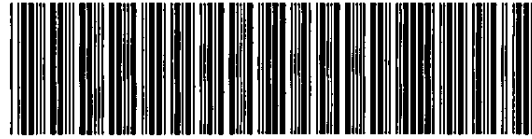
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000281623860

02/08/10--01012--016 **130.00

FILED
16 MAR - 1 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-12616

MD 3/7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AFR Clinical Research Solutions
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:

Alexandra F. Rowden

Name of Person

AFR Clinical Research Solutions

Firm/Company

500 Dora Dr.

Address

Clearwater, FL 33765

City/State and Zip Code

alexandrarowden@yahoo.com

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

For further information concerning this matter, please call:

Alexandra F. Rowden

727

453-0402

at

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2016

ALEXANDRA F. ROWDEN
500 DORA DR.
CLEARWATER, FL 33765

SUBJECT: AFR CLINICAL RESEARCH SOLUTIONS
Ref. Number: W16000012616

We have received your document for AFR CLINICAL RESEARCH SOLUTIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 916A00003524

Dear Mrs. Dickey,

I submitted a form requesting the registration of an LLC, unfortunately the filing was rejected as I omitted the words "LLC." at the end of the company name.

Company name: AFR Clinical Research Solutions, LLC.


Document Number: W16000012616

Filed Date: 02/19/2016

Please find attached the corrected form. I was informed this correction does not have a filing fee as I already submitted a check before.

Thank you.

Best regards,

 26/FEB/2016.

Alexandra F. Rowden

RECEIVED
16 MAR -1 PM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFR Clinical Research Solutions, 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:

500 Dora Dr., Clearwater, FL 33765

Mailing Address:

500 Dora Dr., Clearwater, FL 33765

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:

Alexandra F. Rowden

Name

500 Dora Dr.

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

Clearwater

FL

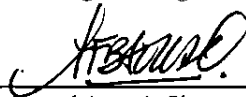
33765

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)

FILED
16 MAR -1 PM 12:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Alexandra F. Rowden

500 Dora Dr.

Clearwater, FL 33765

FILED
16 MAR -1 PM 12:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-Feb-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.

Alexandra F. Rowden

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)