

L16000/50353

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

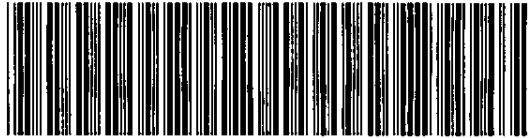
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

W15-29093 Sign

Office Use Only



000271436190

04/08/15--01020--019 \*\*125.00

FILED  
2016 AUG 11 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2015

REBECCA TURNER  
7321 CANAL BLVD  
TAMPA, FL 33615

SUBJECT: TURNER-SERVICES, LLC  
Ref. Number: W15000029093

850-245-6870  
or  
6051  
850-245-6870  
Karen Sully  
- name now available

2016 AUG 10 PM 1:53  
TALLAHASSEE, FL 32310

We have received your document for TURNER-SERVICES, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L11000111560 TURNER SERVICES LLC.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 015A00008426

Turner  
Clinical  
Research  
Consulting  
LLC

8/6/16

Dear MS. Saly,

Per our phone discussion on Friday, August 5,  
please revise the name of the LLC  
on the enclosed application to

Turner Clinical Research Consulting, LLC.

As you explained, the previous  
check totaling \$125.00 will be applied  
since the previous name conflict  
was not resolved,

Please contact me if there are  
questions:

513-257-6165

rturner@turnerclinicalresearch.com

Thank you for your help. It is  
very much appreciated.

Regards,

Rebecca Turner

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turner-Services, 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:

Rebecca Turner

Name of Person

Turner-Services, LLC

Firm/Company

7321 Canal Blvd

Address

Tampa, FL 33615

City/State and Zip Code

rtturner@turner-services.com  
~~rtturner@turner-services.com~~  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Turner at ( 513 ) 257-6165  
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:

~~Turner Services, LLC~~ TURNER CLINICAL RESEARCH CONSULTING, 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:

7321 Canal Blvd  
Tampa, FL 33615

7321 Canal Blvd  
Tampa, FL 33615

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:

Rebecca Turner  
Name  
7321 Canal Blvd  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa FL 33615  
City Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Rebecca Turner  
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:**

Rebecca Turner

7321 Canal Blvd

Tampa, FL 33615

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2016 AUG 11 AM 11:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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:**

Rebecca Turner

**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.)

REBECCA TURNER

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)**