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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

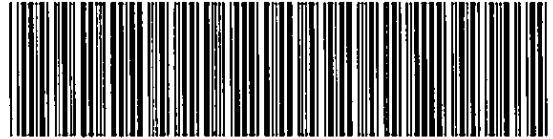
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2018 AUG -2 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 03 2018

K. Brumbley

# Clinical Acumen LLC.

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PO Box 291783 Port Orange, FL 32129-1783|9045210934| Christopher.ristuc@palmer.edu

**5/27/18**

Florida Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850)245-6052

**To whom it may concern,**

Enclosed is the documentation and payment for the creation of the corporation Clinical Acumen LLC.

**Sincerely,**

**Christopher Ristuccia**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Clinical Acumen 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:

Christopher Ristuccia

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1010 N. Swallowtail Drive Apt. 805

\_\_\_\_\_  
Address

Port Orange, FL 32129

\_\_\_\_\_  
City/State and Zip Code

Christopher.ristuc@palmer.edu

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

For further information concerning this matter, please call:

Christopher Ristuccia

904

521-0934

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clinical Acumen LLC.

(Must contain 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:

Clinical Acumen LLC.

1010 N. Swallowtail Drive Apt. 805

Port Orange, FL 32129

Mailing Address:

Clinical Acumen LLC.

PO Box 291783

Port Orange, FL 32129 - 1783

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:

Christopher Ristuccia

Name

1010 N. Swallowtail Drive Apt. 805

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

Port Orange

FL

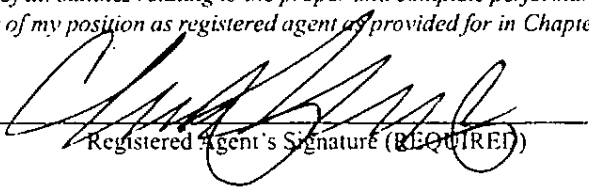
32129

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)

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TALLAHASSEE, FLORIDA

**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:**

Christopher Ristuccia

1010 N. Swallowtail Drive Apt. 805

Port Orange, FL 32129

(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.)

**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.

Christopher Ristuccia

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)