

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000045470 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ĩo:	Division of Corporations		
	Fax Number : (850)617-6381		
from:			
	Account Name : REZLEGAL, LLC	19	
	Account Number : 120148000033	1 1 1 1 1 1 1 1 1 1	
	Рһоле ; (904)406-8086		
	Fax Number : (904)567-1066	EB -	[]
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	FEB - 7 AM	
	Email Address: <u>Mkoren@encoredocs.com</u>	STA	5
	FLORIDA LIMITED LIABILITY CO.	000 A	

FLORIDA LIMITED LIABILITY CO. Encore Borland-Groover Clinical Research, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125,00





ARTICLES OF ORGANIZATION

OF

ENCORE BORLAND-GROOVER CLINICAL RESEARCH, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLEI

NAME

The name of the limited liability company is Encore Borland-Groover Clinical Research, LLC (the "Company").

ARTICLE II EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company shall be 4085 University Boulevard South, Suite 1 Jacksonville, FL 32216

ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 4085 University Boulevard South, Suite 1 Jacksonville, FL 32216, and its initial registered agent at such office shall be Michael Koren.

ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

[Signature Page to Follow]

H19000045470 3

IN WITNESS WHEREOF, the undersigned Members of the Company have executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

.

Dated this 18th day of December, 2018.

MEMBERS:

BORLAND-GROOVER CLINIC, P.A., a Florida corporation
By: Awar
Name:
Title:
λ
JACKSONVILLE CENTER FOR
CLINICAL RESEARCH, LTD., a Florida
limited partnership
/halvr-
By:
Name: Utener
Title:

.

.

.

H19000045470 3

Page:

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Encore Borland-Groover Clinical Research, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Michael Koren as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 4085 University Boulevard South, Suite 1 Jacksonville, FL 32216.

Dated this 18th day of December, 2018.

Approved by the Members of Encore Borland-Groover Clinical Research, LLC:

BORLAND-GROOVER CLINIC, P.A., a Forida	
corporation	[]
By:	r
Name: Me P	m
Title:	<u> </u>
	\smile
JACKSONVILLE CENTER FOR CLINICAL	
RESEARCH, LTD, a Plorida limited partnership	
MiAlan	
By:	
Name: KINEN	
Title: (£0	
(8 Du 201)	

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 18th day of December, 2018

Michael Koren, Registered Agent

{00447469; 1 } 12-14-2018